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PITTSBURGH PUBLIC SCHOOLS MENTAL HEALTH SERVICES, EVALUATION
REPORT.

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PITTSBURGH PUBLIC SCHOOLS. PA.

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PROGRAMS, RESEARCH NEEDS, CASE STUDIES (EDUCATION), SCHOOL
SERVICES, SPECIAL SERVICES, PROGRAM EVALUATION,

THE DEVELOPMENT OF MENTAL HEALTH SERVICES IN THE
PITTSBURGH PUBLIC SCHOOLS DURING 1965-66 IS REVIEWED. THE
HISTORY, PHILOSOPHY, OBJECTIVES, AND PROGRAM COMPONENTS,
INCLUDING INFORMATION ON STAFF, VARIETIES OF CLASSES
PROVIDED, AND THE ACTIVITIES OF MENTAL HEALTH TEAMS ARE
PRESENTED. THE ADJUSTMENT CLASSES AND RESOURCE ROOM FOR
EMOTIONALLY DISTURBED CHILDREN ARE DESCRIBED AND COMPARED
WITH RESPECT TO USES, OBJECTIVES, ELIGIBILITY CRITERIA,
PHYSICAL FACILITIES, POPULATIONS SERVED, PROGRAMS, AND
CLASSROOM METHODS. THE MENTAL HEALTH TEAM'S CONTRIBUTION TO
THE OVERALL PROGRAM, INCLUDING SUCH ACTIVITIES AS PROGRAM
PLANNING, EVALUATION OF CHILDREN, COOPERATION WITH COMMUNITY
AGENCIES, TEACHER TRAINING, TEACHER CONSULTATION, AND
SUGGESTION OF RESOURCE MODIFICATIONS IS DISCUSSED. ATTENTION
IS CALLED TO FINDING, EVALUATION, RESEARCH, SCOPE, PREVENTIVE
ASPECTS OF A MENTAL HEALTH PROGRAM, PREDELINQUENT SUBGROUPS,
AND THE NEED FOR RESIDENTIAL FACILITIES TO PREVENT MORE
SERIOUS PROBLEMS. DIRECTIONS FOR FURTHER RESEARCH ARE NOTED.
EIGHT REFERENCES ARE GIVEN. THE APPENDIXES PROVIDE CASE
STUDIES OF CHILDREN SERVED IN THE ADJUSTMENT CLASSES AND
RESOURCE ROOMS AND NARRATIVE REPORTS OF OBSERVATIONAL VISTS
TO ADJUSTMENT CLASSES. (JW)

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Evaluation Report, 1966

Mental Health Services

Pittsburgh Public Schools

Sidney P. Marland, Jr., Superintendent of Schools

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15. Mental Health Service

Introduction

The Mental Health Services (MHS) program has a short but complex history. Its growth reflects early attempts to meet the mental health needs in the Pittsburgh Public Schools, efforts which, in retrospect, seem earnest but fragmented. There has been a growing awareness of the need for comprehensive programming and the ingeniously economical utilization of scarce mental health professionals. The current MHS program represents the development of an approach to mental health problems in the schools which is, at once, logical and exciting, practical and challenging, realistic and innovative. The program is, relatively speaking, still in its infancy, and, in the next several years, it may stand as an important pioneer effort in what is largely unexplored territory.

In November 1965, the Maurice Falk Medical Fund provided a three-year grant to the Pittsburgh Public Schools, in order to implement the recommendations of the Astley-Coleman Report¹ and to set in motion a comprehensive program, the current Mental Health Services. The MHS inherited some programs, developed some new aspects, and, in its first year of operation, laid the groundwork for the future.

¹ A mimeographed report, "Mental Health Services in the Pittsburgh Public Schools," by M. R. C. Astley and J. V. Coleman, July 1964.

History. The MHS program is, in a way, the contemporary expression of a philosophy and approach in mental health which is still in the process of development. In 1954, the Pittsburgh Board of Education recommended the employment of a psychiatrist to be utilized as a consultant to the Pittsburgh Public Schools. This, however, was not implemented. A broader program was conceived over the years through the combined thinking of the Division of Guidance, the Division of Special Education, and the Division of School Health Services.

However, it was not until 1961, under the joint sponsorship of the Board of Education Team Teaching Project and the Health and Welfare Association, that the first Mental Health Team, composed of a clinical psychologist and a home and school visitor, was established in the Hill District. In 1962-63, a psychiatrist was added to the team which served five elementary schools and one junior high school until the end of the 1964 school year.

The Mental Health Team selected children who presented "typical kinds of school problems"¹ for complete diagnostic evaluations. The findings were then utilized in bi-weekly staff conferences in the schools. The Team "reserved the right to accept or reject specific referrals

¹ From "The Mental Health Team," a final report by The Pittsburgh Board of Education and Welfare Assn. of Allegheny County, June 1965.

depending on the appropriateness and the number of cases of this type already seen."¹

Treatment consisted of casework services, psychiatric first aid, and referrals to community agencies. Small discussion groups, involving both children and parents, were conducted by psychiatric social workers and home and school visitors during the school day. Training of teachers was done informally in luncheon meetings and staff conferences. Fifty-one children were seen individually in 1962-63; 74 were seen in 1963-64.

Although some success was achieved, it was also pointed out in 1965 by the Division of Public Services in "Mental Health Services in the Hill District Schools of Pittsburgh" that "The problem of how to adequately cope with the large volume of very serious mental health needs in a culturally disadvantaged community such as the Hill District of Pittsburgh remains to be solved."

Philosophy. It is important to recognize and identify the underlying philosophy of that project in order to comprehend the movement toward new directions which has taken place under the present Mental Health Services program during 1965-66. Basically, the first Mental Health Team functioned much as a Child Guidance Clinic, which was

¹ From a mimeographed report, "A Comprehensive Mental Health Team Approach to Learning Problems of School Children in a Culturally Deprived Area," by Ruth Kane, Aileen Birmingham, and R. Kerchner, Pittsburgh Public Schools, 1964.

housed within a school system. They were selective in accepting referrals from school personnel and traditional in their methods of diagnostic evaluation.

The current MHS program, however, is based on several assumptions:

1. Fundamentally, there is initial recognition that, in view of the fact of compulsory school attendance and the central importance of the school in the life of the child, the role of the school is that of the primary mental health agent.

The school's responsibility for mental health pertains not only to the happiness and adjustment of individuals, but also to healthy group living in society at large. Through its influence on the developing personalities of children, the school plays its distinctive role in relation to the mental health of the community. (Kotinsky and Witmer, 1955, p. 216)

2. Of the emotionally disturbed children, who are frequently delegates from sick families, relatively few seek psychiatric help. Over a six-year period, in a rather prosperous borough near Pittsburgh, the following figures were obtained in the schools: Of some 50 families referred to a treating agency, about 16 accepted the referral. Of those 16, about 3 remained beyond the evaluation period. Even if the schools identified and referred their disturbed children, and even if psychiatric facilities were available, most families would not use these services, and most disturbed children would not be treated.

3. Traditional psychiatric clinic-oriented evaluation procedures are often inappropriate, or even undesirable, in many situations and frequently "screen out" candidates for a therapeutic program rather than screening them "in." The very process of psychiatric, psychological, and social work diagnoses can be painful and psychologically threatening to an already distressed family. Diagnosis by function is accomplished in a situation where the child's behavior may be observed over a period of time and is based on that behavior. Traditional evaluation procedures are also an uneconomical utilization of scarce mental health professionals.

4. The Pittsburgh Public Schools must turn their attention to the training of existing school personnel in mental health principles. The teacher stands in a critical relationship to the child.

The community must recognize that teachers are the only trained social representatives who are in a position to contribute toward the better adjustment of the greater number of disturbed children. The school is the child's first and most sustained contact with a social institution, other than the family. (Hay, 1953)

To train the teacher is only part of the task. The principal, psychologist, home and school visitor, and counselor must all receive similar training to reinforce existing mental health skills and to develop new ones. All of this, of course, must find energetic support at all administrative levels.

5. The school, then, must be helped to contain its emotionally disturbed children in a setting which is both educational and therapeutic.

These concepts, which underlie the philosophy and direction of the present MHS program, should be considered basic to the activities which will be described in some detail by this report.

Objectives. The objectives of the MHS were outlined in the proposal to the Maurice Falk Medical Fund in October 1965. This outline embodied the recommendations of the Astley-Coleman report, and consisted of the following services:

- a. Consultative services to administrative personnel, teaching staffs, the Division of Pupil Services, and the Division of Special Education.
- b. Advisory services to teachers and others having responsibilities for the classes for the emotionally maladjusted.
- c. Advisory services to parent groups and other community groups that will relate closely to the school mental health program.
- d. Clinical services for diagnosis and referral.
- e. Research intended to evaluate results and develop methods that apply to a program of prevention.
- f. Collaboration with existing community mental health services to promote the development and expansion of treatment services for children.¹

¹ From "A Program of Mental Health Services in the Pittsburgh Public Schools," a proposal to the Maurice Falk Medical Fund, October 1965.

Program. There were in existence, in November 1965, the following program components, which have been continued under the general direction of the MHS.

1. Two Mental Health Teams, under Compensatory Education; one on the North Side, staffed by a psychiatrist, a psychologist, and a psychiatric social worker; and one in the Hill District, staffed by a psychiatrist and a psychologist.

2. Special classes

a. An adjustment class for emotionally disturbed children, under Special Education, at Colfax Elementary School;

b. An adjustment class for emotionally disturbed children, under Compensatory Education, at Weil Elementary School;

c. A resource room for emotionally disturbed children, operated by Technoma,¹ through a special arrangement at Schenley High School.

Since November 1965, the MHS staff has engaged in a great variety of activities, involving planning meetings with administrative staff, interpretation meetings with other school personnel, and consultation-teaching activities in the Pittsburgh Public Schools.

¹ A private, therapeutic day-care center for emotionally disturbed children

A new adjustment class for emotionally disturbed children was opened in March 1966, at Columbus Elementary School. In September 1966, five additional resource rooms will be added at the secondary school level and four adjustment classes at the elementary school level. A training program for the teachers of these classes was designed, through joint planning by MHS staff, the Director of Pupil Services, the Director of Special Education, Technoma, and the University of Pittsburgh, Department of Special Education, to be started at the end of June 1966, and to continue through October or November 1966.

The balance of this report will represent an attempt to describe in some detail the three major components of the Mental Health Services program:

1. The special class program (adjustment class at the elementary school level and resource room at the secondary school level)
2. The Mental Health Team
3. The teaching-consultation activities, the planning and other collaborative efforts with school personnel and administrators of the Mental Health Services staff.

Mental Health Services Program 1965-1966

Adjustment Class Program.

Objectives. The adjustment class for emotionally disturbed children functions at the elementary school level. The program is

designed to provide an optimum educational and therapeutic environment for primary grade children whose emotional maladjustments preclude their functioning adequately in the normal school program. Based on the principles of maximum containment and minimal use, the ultimate purpose of the class is to enable the school to cope with the child and to enable the child to return to regular classes as soon as possible.

Eligibility. Children in the primary grades, or functioning at the primary grade level, are eligible, but priority is given to children in the age range of eight to ten years at the time of admission. Children who demonstrate a potential for functioning at average levels of achievement or above may be admitted, excluding those who exhibit primary mental retardation. There should be at least the prospect of cooperative working relationships with the child's parents.

The nature and degree of emotional disturbance is determined and evaluated by a screening committee which includes a psychiatrist, psychologist, the home and school visitor and his district supervisor, the Director of the Section on Special Education, the principal, the adjustment class teacher, and other professionals.

Physical Description of Schools and Classes. Colfax Elementary School is situated in a predominantly white middle-class area. The adjustment class there was opened in September 1964. It is located on the ground floor in a spacious, well-lighted, attractive classroom.

There is an observation room, with a one-way mirror and permanently installed carrels.

Weil Elementary School and Columbus Elementary School are both located in "poverty areas" served by the OEO. Weil is in the Hill District. The adjustment class is located in the basement and is poorly equipped and poorly lighted. There are pipes running along the walls. The furniture is old and the desks are too small for the children. Portable screens are used instead of carrels. In September 1966, the adjustment class is expected to move to a better location on the first floor.

Columbus is located on the North Side and is housed in the Oliver High School building, until construction of the new building for Columbus is completed some time next year. The adjustment class is in a large, bright, airy room on the second floor. Folding screens provide some private work areas, instead of carrels, for the children.

Pupil Population. The class at Colfax serves seven children on a full-time basis and six children on a part-time basis. The children range from 8 to 11 years. The Weil class serves six children, all of whom are enrolled in some regular classes and who range in age from 9 to 11 years. The Columbus class, which was opened in March 1966, serves three children on a full-time basis, who range in age from 7

to 13. More detailed histories may be found in Appendix A. The total number of children served is 22.

Program. Each adjustment class is staffed by a professional teacher and an aide. In each of the three classes, the major focus of activity was centered around the children's academic work. Although some regular textbooks were used (readers, spelling, and arithmetic books), all of the work was highly individualized in the form of teacher-made work sheets. Emphasis was clearly on helping each child to work as independently as possible, with individual assistance as required and when requested.

Group activity was limited to lunch period, outdoor recess, and audio-visual instruction, using films, TV, and records. Most teaching-learning situations occurred in one-to-one relationships with the teacher or the aide. Because most of the children spent some of the day in regular classes, it was possible to maintain a low teacher-pupil ratio.

Two of the three teachers were trained at Syracuse University in the Cruickshank method (Cruickshank, Bentzen, Ratzeberg & Tannhauser, 1961), and they shared much of their approach with the third teacher who plans to take a summer course there. This method includes the use of prescribed teaching materials, e.g., beaded pegboard, colored cubes, tracing materials, templates, geometric shapes, etc., which were present in each class.

The educational program in the adjustment classes is a modified method based on the writings of Strauss and Lehtinen (1947) and is also a modification of the method devised by Cruickshank. The program is based on recognition of several psychological characteristics of brain-injured and hyperactive children: distractibility, motor disinhibition, dissociation, disturbance of figure-background relationship, perseveration, and the absence of a well-developed self-concept and body-image concept. It has been hypothesized that there are four essential elements of a good teaching environment for such children: (1) reduced environmental stimuli, (2) reduced space, (3) a rigidly structured school program, and (4) special teaching materials of increased stimulus value. The use of the carrels or cubicles in the adjustment class at Colfax and the screens at Weil and Columbus are an attempt to reduce the work space and the environmental stimuli. Each of the three classes follows a highly structured daily routine, and the teacher-made instructional materials are designed to help focus the child's attention on a specific task.

Classroom Methods. Three visits were made by the investigator to each class and the observations of behavior were recorded. These narrative records (see Appendix B) began to present some concrete impressions of the children, the climate of the classrooms, the

limits placed on, and the rewards given to the children, and some of the interactions which took place.

Aside from the use of the Cruickshank method, as discussed earlier, some additional generalizations may be drawn. The "materials of instruction," as recommended by Cruickshank and adapted and used in the adjustment classes reflect a somewhat Montessorian orientation. They are reminiscent of Montessori's "didactic materials" in that they are designed to be self-tutoring and are free of unnecessary detail, so the child can more easily focus his attention on the task. The major purpose of the material is to direct or organize the responses of children with perceptual problems.

In the observational visits to the classrooms, it was noted that the teacher did not function as a therapist. The major objective of the teacher was to enable the child, through a wide variety of techniques, to establish internal control of his own behavior and to acquire or develop the necessary skills required for learning. In other words, the child learns how to learn, and the methods employed are pragmatic and eclectic.

It is felt that it would be profitable to examine briefly the most obvious similarities and differences among the three adjustment classes as they are now constituted.

Similarities. The three classes share the basic theoretical assumptions and the application, in various modifications, of the Cruickshank method for teaching brain-injured and hyperactive children. There is expressed acceptance by each teacher of every child as he is. Unacceptable, inappropriate and undesirable classroom behavior, however, was firmly rejected by the teachers. There seemed to be generally consistent limits set and adhered to by the teachers. Rejection of inappropriate behavior was accomplished quickly and quietly often with some physical contact. A teacher's hand on a child's shoulder frequently had a calming effect, or helped the child to re-establish a connection with his work.

The tasks given to the children were of such a quality that each child could complete them successfully and with some independence. Each work sheet was checked by the teacher or the aide immediately upon completion and returned to the child so that he had a continuous check on his progress. Praise, encouragement, and generally supportive comments were freely given. Punishment took many forms, ranging from paddling or removal from the classroom to verbal reprimand or denial of a favorite activity.

In terms of the etiologies of the disorders manifested in the children, all three classes are quite heterogeneous. Each class contains children who are psychotic, pre-psychotic or minimally brain-injured,

with perceptual-motor problems. This heterogeneity regarding the nature, cause, and severity of disturbance is a similarity which exists among the three classes.

Differences. There are several factors which contribute to observed differences among the adjustment classes:

1. Socio-economic level: Colfax serves a largely middle-class community, and the children in the adjustment class, with one or two exceptions, come from white, middle-class families. Both Columbus and Weil are located in "poverty areas," as designated by the OEO.

2. Race: The adjustment class at Colfax has one Negro child, full time, and one Negro child, part time, of the total of 13 children. The adjustment class at Columbus, which has a predominantly Negro enrollment, has one white child, and the class at Weil, with a student body similar to that of Columbus, is all Negro.

3. Training and experience of teachers:

Colfax: B. S. and M. Ed. University of Pittsburgh

One additional year graduate study in Special and Elementary Education
Certificate of Advanced Study, Special Education, Syracuse University

Teaching: 10 years, Physical Education

2 years, Educable Mentally Retarded

2 years, Emotionally Disturbed

Weil: B. S. Elementary and Special Education for the
Mentally Retarded, Edinboro State; M. S. Special Education (Emotionally
Disturbed), Syracuse University

Teaching: 1 year Educable Mentally Retarded

1 year Emotionally Disturbed

Columbus: B. A. Philosophy and Psychology, St. Vincent's
College

1-1/2 years Theology

Projected summer course at Syracuse with Cruickshank

Teaching: 2-1/2 years residential teaching-tutoring at St. Paul's
Orphanage.

4. Etiology of emotional disturbance: While all three classes contain children who are psychotic, pre-psychotic or minimally brain-damaged, with perceptual-motor problems, there exists, in addition, at Weil and Columbus, a high incidence of emotional and material deprivation, family disorganization and the various other debilitating effects of poverty. (See family social histories in Appendix A.)

5. Size of class and use of regular class: Columbus has three children, full time, who are not yet able to tolerate any time in regular classes. Weil has six children enrolled who spend from 12 to 21 periods in regular classes, plus three children from regular classes who use the adjustment class for two periods per week. Colfax has seven children, full time and six children who spend some of their time in regular classes.

Resource room program. In February 1965, Technoma, a private, therapeutic day-care center for emotionally disturbed children, and the Pittsburgh Public Schools jointly established a demonstration program in Schenley High School, designed to assist the disturbed student in his academic work and social adjustment within a school setting. The resource room, while sharing a common purpose with the elementary school adjustment class, functions somewhat differently.

The three attempts made to observe and subsequently to describe the program were unsuccessful because the program is less visible. The description of the resource room program which is presented in this report, therefore, is based upon conversations with Technoma staff and some of their reports.

The resource room program was most recently described in a paper presented at the 1966 American Orthopsychiatric Association meeting:¹

The program consists of a special room in the public school, set aside for tutoring and informal counseling. It is called a "Resource Room" and is staffed by a teacher-counselor, who is a member of the agency supplied to the public school for full-time maintenance of the "Resource Room." The classroom is not a "special class," no formal teaching is done. Students from the school can, and do, use the room--being either self-referred or referred by a teacher, counselor, school social worker,

¹"The Role of the Educational Program in a Psychotherapeutic Day-Care Center for Children and Teenagers," by Miranda Godwin, M. Eileen Connor, Shirley Atkins, and J. F. Muldoon.

psychologist or parent. The purpose of the room, as explained to the student is to supply extra help to enable him to stay in school and keep up his work. The help can consist of tutoring, or talking about a personal concern: homework, tests, peers, home, fears, difficult situations, etc. The room has become a combination tutoring service, superego support, quiet room and hide-away.

As explained to the teaching staff, the Resource Room is meant to give support to the difficult child, providing it in a way most acceptable to him. It is not meant to handle discipline problems although many children who use the room do have such problems. Teachers refer children through the school counselors, and there is no lengthy "intake" procedure to obstruct the child's use of the room. Teachers are immediately notified that a child in his class is using the room and are invited to stop in to chat at their convenience. The Resource Room teacher-counselor personally but informally keeps the teacher up-to-date on the student's use of the room, particularly if the student is being tutored. Obviously, close coordination is essential for the Resource Room personnel to understand the student's problem and for the school staff to understand the focus of the program for the student. The possibility of misunderstanding is great unless close contact is maintained. The fact that the Resource Room teacher-counselor has ample experience in teaching as well as qualifications in counseling enables her to appreciate problems from the teacher's perspective and to orient her help to the student so that it facilitates teacher-student understanding.

The Resource Room is supported both by agency staff and the mental health staff of the school system. In general, the teacher seeks consultation about the agency's students from her co-workers at the center and consultation about students who have not been served by the agency from the school's mental health specialists. At the present time, approximately 20 students use the Room each week, the time spent by each child varying from 1 to 5 visits a week and total time ranging from 30 minutes to 7 or 8 hours a week. Seldom are more than three children in the room at one time. By and large, the teacher-counselor

relies on an individual approach in learning and counseling.

In May 1966, the resource room teacher presented a "preliminary statement of responsibilities" which follows:

1. Teaching subject matter

- a. to reinforce class learning for the child whose attention span is sporadic;

- b. to substitute for the regular class teacher during the time when the child is unable to attend regular class;

- c. to motivate (use of supplementary material);

- d. to evaluate and provide for remedial training in an attempt to overcome learning problems.

2. Counseling with the student

- a. to develop acceptable patterns of social and academic behavior in class, halls, lockers, etc.

- b. to be available to "absorb" the anger, frustrations, etc., that present themselves during the school day.

3. Counseling with the teachers and school administrators

- a. to support the classroom teacher in the handling of the child.

- b. to be a source of information regarding the help available to disturbed children both through the school system and the community.

- c. to be a resource to the school administration in handling emergency situations that arise when the "normal" child becomes emotionally unable to adapt to a specific situation.

4. Conferences with parents, agency representatives, school officials, as requested by the school services normally handling this type of counseling.

Objectives. The program is designed to provide an optimum educational and therapeutic situation for secondary school pupils whose emotional maladjustments interfere with adequate performance in the normal school program. The purpose is to enable emotionally maladjusted children to return to a regular school program within a reasonable period of time.

Eligibility. Children attending Schenley High School and certain children from outside the Schenley High School district and under the care of Technoma are eligible. Other criteria for eligibility are the same as those outlined for the adjustment classes.

Pupil Population. In the school year 1965-66, the resource room program has served 19 children, 7 of whom were Technoma students and 12 were Schenley High School students. The Technoma children were those who had been excluded from regular public school programs and were in the process of returning to normal school activities. For them, the resource room served as a kind of educational "half-way house." The Schenley children were either "self-referrals" or were recommended for the program by the school psychologist, teacher, parents, home and school visitor, or the vice-principal.

Data on the students served by the program can be found in Appendix C. Admission procedures for the resource room differed somewhat from those of the adjustment classes. As will be noted, from the case material in Appendix C, there are gaps in the information available. Many of the students are admitted to the resource room program without first having to submit to extensive testing procedures. This is based on the conviction that psychological testing and interviewing for family history is frequently inappropriate at the time of admission and can be secured after the student has been observed in the program, with less disturbance to him.

Program. The teacher described some aspects of her work as follows: she communicated frequently and informally with regular classroom teachers; some of her contacts with disturbed children would occur in the school halls, rather than in formal, structured lessons in the resource room. Because all of the students in the resource room program were enrolled in regular classes for the greatest part of their school day, it was essential that communication between the resource room teacher and the regular teachers was maintained. Students would come to the resource room during their unscheduled, free periods, ranging from three to five times per week. Sometimes, if they were upset, troubled, or on the verge of an emotional outburst, they would come to the resource room instead of attending a regular

class. The regular class teacher could also refer a child to the resource room, if it were indicated. It was the responsibility of the resource room teacher to notify the regular teacher of the student's presence in the room if he appeared there at an unscheduled time.

There was also close and continuing communication between the resource room teacher and other school personnel, e.g., the principal, vice-principal, home and school visitor, and psychologist. In addition, there were also regular staffings with the Advisory Committee, which included the psychiatrist, who is the Director of the Mental Health Services. At these meetings, which occurred every two weeks, the problems and progress of the emotionally disturbed students were reviewed. The resource room teacher also participated in regular staffings held with the Technoma staff.

The students used the resource room in a variety of ways, among which were: (1) for specific academic tutoring, (2) for counseling, and (3) for ventilation and "cooling off."

An example of the flexibility of the resource room was demonstrated in the case of Mary. She was not prepared for a history examination, and she was either going to fail it or cut the class. The resource room teacher believed that, given support and a little more time, Mary could achieve a good grade on the examination. Since Mary was due for

a conference with the school psychologist, the resource room teacher arranged it for the time that the examination was to be given. This permitted Mary a legitimate absence and also provided the necessary time and motivation to complete her preparation for a make-up examination. It also helped Mary avoid another failure situation.

The resource room teacher used a variety of teaching materials, ranging from standard textbooks to special "programmed" teacher-made materials. Her professional judgment determined which of the following activities she would engage a student in when he came to the room: supervised study, remedial tutoring, counseling, or simply allowing the child to sit alone, quietly, to regain some inner control.

Teacher-training program. On June 27, 1966, a six-week training program for prospective teachers of resource room programs was begun by Technoma. Participants were six secondary school teachers who had expressed interest in joining the program or who were recommended by their principals as having demonstrated outstanding skills in handling emotionally disturbed children or "difficult" children in their regular classes.

Objectives. Broadly stated, the major objectives of the training program were:

1. To immerse the trainees in experiences in the global handling of severely disturbed children, under trained and experienced supervision;
2. To enable the trainees to identify a repertoire of emotionally disturbed behaviors, and to acquire appropriate responses to these behaviors;
3. To develop and heighten the quality of self-awareness in the trainees in their relationships with disturbed children;
4. To acquire deeper understanding of the components of a relationship;
5. To become aware of the importance of coordinating efforts with those of other teachers, administrative staff and other professionals in the schools;
6. To gain understanding of the past experiences of the resource room program and the possible value of adapting the program in their own schools; and
7. To explore their broad responsibility to school administrators, fellow teachers, and children who need their help.

Program. During the first week of training, the group was kept together for supervised discussions. One of the purposes of these meetings was to establish group identification and rapport. The resource room program at Schenley High School was described and

discussed. The trainees themselves provided much of the actual context for the discussions. For example, their first assignment was to write a job description for the resource room teacher with reference to responsibilities and activities for:

1. Student tutoring and counseling;
2. Teachers... coordinating tutoring with academic work; and
3. Administrative duties.

These reports then served as the basis for discussions around the role of the resource room teacher, the components of the program, and their various perceptions of these items.

The physical and psychological characteristics of the resource room were discussed, revolving around the following aspects:

1. Degree of immersion or isolation from the general academic atmosphere of the total school;
2. Amount of furniture and its uses;
3. Amount of free space and quiet areas; and
4. Views which influence the atmosphere.

The trainees were then sent to their prospective schools to visit the resource room assigned to them, to examine its characteristics in the light of the discussion, and to make an initial contact with the principal.

The specific areas with which the training program intended to deal during the six weeks were:

1. Rewriting the job description;
2. Referral system;
3. Role of the principal
 - a. screening admissions
 - b. presenting the program to the regular teachers;
4. Roles of other helpers;
5. Types of records.

Beginning with the second week of the program, the trainees were assigned to full-time supervised activity with the emotionally disturbed children in the Technoma program. For the remaining weeks of the program, including a one-week camping trip in the Laurel Mountains, the trainees continued to work with the students, under supervision. Each trainee was given the opportunity of working with both the younger children and the adolescents. They participated in regular weekly clinical staff meetings and in special weekly discussion sessions with the program director. The training program was accepted as an accredited course by the University of Pittsburgh, Department of Special Education, and the trainees earned two credits for their work.

During the third week of their training, the following questionnaire was administered. It will be administered again at a later date, as part of a plan to evaluate the effects of the training program.

QUESTIONNAIRE

1. Is the training program meeting your expectations? Specify. Have there been components in the program which you did not expect to find? What are they?

2. Which aspect of working with emotionally disturbed children is the most difficult?

3. Place in rank order of importance the training activities which you believe to be most helpful to you.

_____ supervised group discussions

_____ staffings on the children you work with

_____ staffings on other children in the program

_____ supervised work with the children

_____ readings

_____ informal conversations with the Technoma staff

_____ informal conversations with other trainees

4. Which personal characteristics do you believe are most essential in a teacher of disturbed children?

5. Has your conception of the functioning of a resource room changed since you began training? If so, how?

6. What program or curriculum component do you think will be most helpful (therapeutic) to disturbed children in your class?

7. Can you identify your own strengths, as a teacher of disturbed children?

8. What kinds of on-the-job supervision would you consider most helpful?

9. What would you add to the training program? What would you delete?

10. Place in rank order the people who are most likely to be helpful to the resource room teacher:

_____psychiatrist

_____psychologist

_____psychiatric social worker

_____home and school visitor

_____guidance counselor

_____regular teacher

_____principal

_____vice principal

_____parents

_____private psychiatric or social work agency personnel

_____school doctor and nurse

_____other (specify)

Mental Health Teams. Although the Pittsburgh Board of Education recognized the need for school mental health services as long ago as 1954, it was not until 1961, seven years later, that the first Mental Health Team was introduced in the Pittsburgh Public Schools. This was accomplished by a joint effort on the part of the Allegheny County Health and Welfare Association and the Pittsburgh Public Schools to obtain grants from the Pennsylvania Department of Public Welfare and The Ford Foundation.

A nucleus staff of a clinical psychologist and a home and school visitor provided service during the 1961-62 school year. A psychiatrist was employed in March 1962. The full unit, which began to operate in the school year of 1962-63, consisted of the child psychiatrist (team director), a clinical psychologist, two psychiatric social workers, and a research consultant. This team served five elementary schools and one junior high school in the Pittsburgh Public School system during the school years 1962-63 and 1963-64. The total enrollment in these schools was approximately 5,000 and the community served was the culturally and economically disadvantaged Hill District. Team Teaching was in operation in each of the schools participating in this demonstration project.¹

Further description of the approach, philosophy and program of this Mental Health Team is dealt with briefly on page 15-2 of this report, and in the two reports which are mentioned in the footnotes of pages 15-2 and 15-3.

¹"The Mental Health Team," a final report by The Pittsburgh Board of Education and Welfare Association of Allegheny County, June 1965.

In September 1965, the Hill District Mental Health Team was continued under Compensatory Education, and was funded by the Economic Opportunity Act.

The Team, unfortunately, was not fully staffed. The psychiatrist began work in October 1965, the clinical psychologist was not available until February 1966, and no psychiatric social worker was located to join the Team. The report of the psychiatrist, describing the philosophy and program of the Hill District Mental Health Team, from October 1965¹ to May 1966, is reproduced in part:

Introduction

Social disorganization and gross material deprivation can significantly increase the incidence and prevalence of emotional problems in children. Many studies suggest that the families of such children are often unlikely or unable to use the traditional community resources available to troubled children. Very often communities lack adequate professional services, thus further compounding the difficulties these families have in finding help. In trying to remove this self-perpetuating addition to human suffering and impaired living, the Pittsburgh Public Schools have attempted to provide--in areas selected because of high proportions of disadvantaged families--professional resources that might alleviate the pressing needs of children with disabling emotional difficulties....

On the basis of the historical experience of mental health teams in the Hill schools and the appraisal of current attitudes, the decision was to attempt to provide professional services on a changed basis and in varying forms.

¹ From "Hill District Elementary Schools, Compensatory Education Mental Health Program," a report by Dr. John J. Soltys, Jr., psychiatrist, May 1966.

Psychiatric services would be provided only as requested; this was felt a necessary move so as to counter the tendency to see the service as an external and imposed nuisance. Furthermore, it would economize on the time and energy of all involved by not stimulating useless conflict.

Emphasis was to be placed on consultation rather than direct services to children in the form of psychiatric interviewing and psychotherapy. There are about 4,500 children in the 7 schools served, and it seemed sensible to magnify the efforts of the one half-time psychiatrist by working through the school staff (who continue to work with the students over extended periods and have a natural access to them via their traditional roles within the schools.)...

It was also assumed that more rapid integration with the school structure and effective collaboration with school staff would occur because of the psychiatrist's intention of working closely with existing mental health services--thus extending his own reach and hopefully contributing to the effectiveness of such groups as school social workers, counselors, and community agents.

Description of Professional Activities (October 1965 to April 1966)

I. Getting Acquainted

The focus of the early weeks was getting to know the people who run the school system at various levels and how they do it. The early impressions were global and served only as an orientation and a general guide. The psychiatrist depended a great deal on the efforts of the coordinator at this time to meet the people important to carrying out his work.

The next step was to develop a closer relationship with key personnel with the primary purpose of giving them an opportunity to become better acquainted with the psychiatrist (what he was like, how he thought, what he did/did not know or understand). Hopefully, it would provide the school principals and teachers, school social workers, psychologists and others, the opportunity to express their view of what services the psychiatrist could provide.

After the psychiatrist explained and discussed his philosophy and goals with special services staff at the central office level, major emphasis was placed on systematic contact with principals, teachers, area psychologist and district-level school social workers.

Regular, ongoing meetings with individuals or groups were arranged tentatively at first and abandoned if school personnel indicated that they did not wish to continue. After the formal introductory round of visits, meetings were usually arranged on the basis of the expressed needs of school personnel and the wish of the psychiatrist to establish closer relationships or gain more information about school functioning.

The term "getting acquainted" best describes the first few weeks and months of the psychiatrist's work in the schools. With time, the process lost some of its somewhat contrived form and began to proceed to a more spontaneous and meaningful series of invitations and meetings. The focus was usually a "problem child" or request for mental health education for teachers, school social workers or even parents. These more spontaneous opportunities were used to convey not only mental health information or psychiatric consultation, but also as an opportunity for further developing positive relations with the involved school personnel.

II. Getting Down to Work

After several months, the original notion that school staffs would use the consultant if he were known to be available and had met key people, had to be reconsidered and qualified. There were few demands for direct service. When the area psychologist then joined the psychiatrist as a special mental health worker, they began to work together to promote more active use of the psychiatrist. At this point, both professionals actively sought people--in areas assumed to be interested in psychiatric service--and expressed specific proposals.

The response was mixed; some activities soon stopped because of lack of interest on the part of school personnel; other activities not only continued but led to more active and varied demands and use of mental health services.

The following outline describes briefly the types of activity and relative amount of time devoted to each activity after initial introductory phase.

A. Direct Psychiatric Service (60% of the time)

1. Special class for emotionally disturbed

- a. Direct contact with class through weekly group meetings;
- b. Regular weekly discussions of children and their home situation with teacher and assistant to teacher;
- c. Screening of new children for adjustment class and evaluation of current class in collaboration with teachers, principals, special education staff, psychologist, and school social workers.

2. Individual/Group Consultation about Specific Children

- a. Classroom observation of child;
- b. Discussions with principals, teachers, other regular and volunteer school personnel;
- c. Discussions with psychologist, school social workers, administrators, individually and in groups.

B. Mental Health Education (15% of time)

- a. Regular group meetings--weekly or bi-weekly... with pre-primary teachers;
- b. Short series of meetings have been held with primary teachers and the district school social workers;
- c. Occasional talks to groups of principals, parents.

C. Administrative (25% of time)

- a. Program and coordinate with psychologist, school social workers and school personnel;
- b. Occasional planning meetings with department heads of psychology, school social workers, special education;
- c. Administrative meetings with chief of mental health services and coordinator;
- d. Information--exchange meetings and discussions with other psychiatrists in school system;
- e. Reporting: oral and written.

Comments

There is no doubt in the writer's mind that the professional services of a child psychiatrist can and do contribute to the welfare of school children and enhance the effectiveness of schools in their traditional educational role. In a special situation such as the Hill District, this is equally true--but the additional social and economic handicaps of the families of the children point up (more emphatically than in favored circumstances) the need the psychiatrist has to share the problem with the schools and the wide community.

When the needs of children are so great and resources always seem inadequate, the allocation and use of time and energy becomes an important issue. If the child psychiatrist is to serve a useful function in the public schools, some important areas of misunderstanding, confusion and conflict need to be clarified and worked out....

Because the psychological problems of children in disadvantaged areas are related to severe social and economic factors, there is a special need for the psychiatrist in a disadvantaged school area to be in a position to actively collaborate with all available resources within the school system and the community.

A great deal of time is required to develop a useful knowledge of resources and establish working relations with them. At this time, the psychiatrist is still not a clearly defined part of the more-or-less coordinated network of helpful people even when a problem has been defined as one having mental health aspects.

A final comprehensive report was submitted by Dr. Soltys in July 1966, which contained a fuller description of his activities and his suggestions and recommendations. Because of deadline limitations, his report could not be incorporated here, but it is footnoted below for future reference purposes.¹

In April 1966, after three months of work, as part of the Hill District Mental Health Team, the clinical psychologist submitted a report to the Mental Health Services office, which is reproduced in part here:²

¹"Final Report," by Dr. John J. Soltys, Jr., psychiatrist, July 1966.

²"The Functions of the Psychologist in the Mental Health Team of the Hill District of the Pittsburgh Public Schools," Dr. Genevieve M. Scott, psychologist, April 1966.

The present psychologist has been giving service to the Mental Health Program in the Hill District of Pittsburgh since September 1965. This assignment was made by the Pupil Personnel Department of the Pittsburgh Board of Public Education in addition to other duties outside the area of the Mental Health Team activities for seven elementary schools. The psychologist was officially appointed to the Mental Health Team under Compensatory Education in February 1966. The previous year, regular psychological services had been somewhat extended in this district to continue the type of clinical service provided by the previous Mental Health Team psychologist, Dr. Theresa Miller, who had resigned in June 1964....

During 1965-66, the psychologist has participated as a team with the psychiatrist, and also individually in consultation with school personnel and some outside agencies on mental health problems in the seven elementary schools. This has included direct team responsibility for the adjustment class for emotionally disturbed children. The psychologist has evaluated all children referred to the Mental Health Team, and all candidates for the adjustment class.

This has involved seeing many children with behavior and emotional problems in which a complete clinical study is made. Because the psychologist has been an integral part of regular pupil services to individual schools, early identification of mental health problems has often been the function of the psychologist member of the team. Likewise, the psychologist is often the first member of the team to be contacted when follow-up consultation is desired by the school, for children previously evaluated, who present continuing problems of adjustment.

There are many informal conferences with the principal, teachers and home and school visitor. There are also formally scheduled case conferences or luncheon meetings with individual teams in the "team teaching" set up. Relationships with parents have become increasingly important. Many parents have been interviewed directly. The psychologist has also participated in PTA programs and in pre-primary-kindergarten mothers' meetings.

Because a social worker was not appointed to the Hill District Mental Health Team, the psychologist has worked very closely with the home and school visitor, in preparation of case materials, interpretations of findings, and carrying out recommendations. Continuing consultation with principals is basic to every phase of service offered, and has been, perhaps, the most essential part of the psychologist's function in the Mental Health Team.

The Northside Mental Health Team submitted a summary in April 1966, covering their activities for this school year. The summary of the Team is reproduced here. It was supplemented by a conference which elicited additional descriptive material which is indicated in parentheses.

The Northside Mental Health Team went into operation in June, 1965, with the long-range goal of prevention. It was hoped that through developing attitudes and behavior in classroom teachers that promote and encourage better emotional and mental health in children, that severe emotional disturbance and mental breakdown might be prevented, in the "high risk" poverty population. Related to the long term goal of prevention were the following more immediate goals of the Mental Health Team:

1. To provide direct service to school personnel regarding emotional, psychological and social problems of pupils and parents.
2. To provide direct service to children through psychiatric evaluation, recommendations and consultation.
3. To provide service to community agencies through consultation and collaboration.
4. To explore ways and means for setting up mental health programs in schools that would be helpful in other poverty areas.

The Northside Mental Health Team was composed of a half-time child psychiatrist, a full-time psychiatric social worker and a psychologist, who served for a period of three months. The Mental Health Team served six elementary schools on the Northside "poverty area": Columbus, Cowley, Conroy Elementary, East Park, East Street and Manchester.

Although these schools shared the common feature of serving lower socio-economic group children there was great variation in the kind of neighborhood and pupil enrolment in each school.

1. Direct Service to School Personnel and Indirectly to Children

The Mental Health Team provided service to school personnel through group and individual consultation to principals, teachers, and home and school visitors regarding cases of problem children, and specific topics, such as stealing, effective communication between parent and teacher and the handling of the defiant child, etc. The subject and content of the group consultations were specifically adapted to the needs and particular function of each group. For example, in group meetings with principals which were sometimes attended by the principal's role in helping teachers to more effectively deal with some of the frustrations and problems of teaching lower socio-economic group children.

(One or both Mental Health Team members led the consultation meetings. The psychiatric social worker (PSW) also met in individual conferences with principals and teachers. Both were present for the following meetings with groups:

Principals, every week, then every two weeks, then once a month.

Home and school visitors, every two weeks.

Faculty, originally every two weeks, compulsory attendance; then optional attendance.

The PSW provided service to the child, parent, home and school visitor and the school. She also filled a request

for consultation with school nurses on the emotional aspects of medical conditions, psychosomatic problems and sex education. Teaching supervisors sometimes participated in faculty meetings with the Mental Health Team.)

The following is a breakdown of the number of consultations:

Consultation to Principals:

| | |
|------------|-----|
| Group | 16 |
| Individual | 211 |

Consultation to Home and School Visitors:

| | |
|------------|-----|
| Group | 14 |
| Individual | 249 |

Consultation to Teachers:

| | |
|------------|-----|
| Group | 85 |
| Individual | 317 |

2. Direct Services to Children:

The Northside Mental Health Team served children directly in two main areas by providing: psychiatric evaluation of children with severe problems in school, and through the Adjustment Class for emotionally disturbed children that was established in Columbus School.

In June, 1965, principals and teachers submitted approximately 50 referrals of children whom they considered severely disturbed. After careful screening, formal psychiatric evaluations were completed by the Mental Health Team on 22 of these children. These evaluations included a psychiatric interview with the child, the home visits by the social worker to obtain social history information and full-scale psychological testing. Findings and recommendations following the psychiatric evaluations were shared with the principals, teachers and parents as well as representatives of other interested community agencies. Summaries of the findings and recommendations

regarding each child were prepared for the child's school record for future use by school personnel.

The Adjustment Class for emotionally disturbed children went into operation in February, 1966. The Northside Mental Health Team was active in evolving the criteria for admission to this class and interpreting these criteria to school personnel. The Team interviewed personnel for the class and consulted with the Principal of Columbus School, where the class is located in setting up the class. The Team provides a full-scale psychiatric evaluation for each child admitted to the Adjustment Class. To date, there are three children in regular attendance with two possible candidates under consideration. It should be emphasized that the children in this class present problems of such a severe nature that they would not be able to attend school in a normal classroom. The Team provides intensive consultation regarding these children to the teacher and aide through weekly staff meetings. (The PSW also served as home and school visitor for the children in the adjustment class.)

Services to Parents:

In response to school personnel's feeling that parents need to become more involved in the interest of their children, the Mental Health Team has collaborated with school personnel in various parent meetings. The psychiatrist has spoken at two formal PTA meetings. Other members of the Team have participated in a total of seven mother's meetings in which the parents (of elementary and pre-primary children) have an opportunity to discuss some of the problems and questions they have in regard to their children. In one school the Team is providing consultation to a teacher who plans to lead group mothers who have children with severe problems.

(Workshop meetings were organized on April 19 and continued for five bi-weekly two-hour sessions, involving the PSW, Community Agent, teachers and parents, during school time. The objectives included: parent education in child development, stimulation of parents' interest in school, training of school personnel to carry on the mental health program, and training the Team mothers in mental health principles. In addition, the principals referred parents of children with non-school-related problems for help from the PSW.)

3. Direct Service to other Community Agencies

The Mental Health Team has provided consultation to a variety of professional and sub-professional workers involved in the Northside Poverty Program. These include the YMCA, Neighborhood Center, Family Service Division, OEO, Department of Public Assistance, Pressley House, Heinz House, Manchester House, and the Salvation Army. The Team consulted with a variety of other workers within the schools such as community agents, school nurses, school doctors and elementary supervisors. The Team has also provided emergency psychiatric services directly to the community in addition to its other functions. Due to the lack of community psychiatric facilities on the Northside, the Team has attempted to meet the need for emergency service whenever possible. For example, a Team member was called upon to provide emergency service when the parent of a child in the class for emotionally disturbed attempted suicide and called for the Team member's help.

4. Service in Program Development

The Team has participated in a number of meetings with the Board of Education Administrative Personnel whose functions are related to mental health in the public schools. These meetings have attempted to explore the most effective means for setting up mental health programs best suited to the needs of schools in lower socio-economic areas.

Summary

It is important to emphasize that in establishing a mental health program in these six elementary schools, it was necessary for the Mental Health Team to deal with the resistances, fears and anxiety of school personnel and developing mutual understanding of the respective roles of mental health and school personnel in order to best serve children.

It has been necessary to consistently deal with the typical middle class attitudes of school personnel and help develop techniques and methods of working with lower socio-economic group children most effectively. The Team has collaborated with school personnel toward modification of concepts and attitudes toward lower socio-economic groups and toward understanding the language and social reality of these children and their parents.

With the gradual working through of problems and resistances, the Mental Health Team at this date is able to provide a more meaningful, effective service in the schools. There is increased understanding and more effective use of the Mental Health Team. The status of the Mental Health Team's services in the schools at this time may be compared to a farmer who has carefully sowed his seeds, cultivated his fields and is now beginning to reap some of the harvest.

It would seem ironic, in the light of the last statement of the Mental Health Team, that, in May 1966, the Mental Health Services office received notice that OEO funds, which supported the activities of the two Mental Health Teams described, would no longer be available. As of July 31, 1966, the Mental Health Teams will cease to exist unless and until other funds are located and made available.

In July 1966, the Northside Mental Health Team submitted a comprehensive report of their activities during the school year 1965-66, which contains a detailed description of the program which was briefly summarized in the April 1966 report, quoted earlier. The July report,¹ in addition to being descriptive, includes a critical discussion of the program (page 24A) and the conclusions and recommendations of the Team (page 31). The full report is too long to be included here, but is footnoted below for further examination by those interested.

Teaching-Consultation Activities of the MHS Staff. In the eight months of involvement on the part of the MHS staff, their activities have been varied and numerous. This section will attempt to describe and, possibly, to classify these activities.

1. Planning, program development and interpretation:
 - a. Meetings with appropriate administration personnel, at the Associate Superintendent and Department Director levels;
 - b. Meetings with principals, vice-principals, and other concerned school personnel;
 - c. Conferences with Technoma and the University of Pittsburgh Department of Special Education to design the teacher-training program (Summer 1966) for the expanded resource room program.

¹"The Northside Mental Health Team - Mental Health Consultation to Elementary Schools in an Economically Deprived Area," by Morton I. Berkowitz and Josephine Joelson, July 1966.

2. Communication and coordination:

- a. Conferences with the Mental Health Teams;
- b. Conferences with resource room and adjustment class personnel.

3. Direct psychiatric services, in the form of crisis intervention, including psychiatric interviews with emotionally disturbed children and parents, with accompanying supportive conferences with school personnel.

4. Community activities:

- a. Consultant to the University of Pittsburgh Graduate School of Public Health. This is in connection with an attempt to devise a method of training for Public Health psychiatry, and to try to introduce psychiatric residents to public school programs;
- b. Consultant to the Project Upward Bound (PUB) at Carnegie Institute of Technology, which is designed to motivate and support talented underachievers;
- c. Consultant to the Technoma parents of emotionally disturbed children, who have organized their efforts to support, fund, and advance the education of the emotionally disturbed;

d. Member of the Medical Advisory Committee of the Mayor's Committee on Human Resources;

e. Speaking engagements on mental health and the current mental health program in the Pittsburgh Public Schools for PTA's and other community organizations.

5. Field Trips:

a. Visited the Philadelphia Public Schools to observe the program for emotionally disturbed children;

b. Attended the Southeastern Psychological Association Conference, Division of School Psychology, in New Orleans, Louisiana;

c. Two trips to Washington, D.C., to explore possibilities for funding through NIMH and other agencies, and to confer on the Gibbons Bill.

Before discussing the Teaching-Consultation activities of the MHS staff, which constituted their major work in the schools, a numerical summary of meetings, conferences and consultations would be in order. See Table 15-1. It should be remembered that this represents only half-time work for the school year 1965-66 for the Director of the Mental Health Services. He will begin full-time work with the Pittsburgh Public Schools in September 1966. The Coordinator also began as a half-time employee, and will become full-time in September 1966.

Table 15-1

Summary of Staff Activities 1965-66

| <u>Type of Activity</u> | <u>Frequency</u> |
|--|------------------|
| Teacher Consultations | 107 |
| Planning and Program Development | 60 |
| Community Service and Public Relations | 46 |
| Meetings with Supervisors and Department Directors | 25 |
| Meetings with Superintendent and Associate Superintendents | 19 |
| Meetings with Mental Health Teams | 18 |
| Personnel Interviews | 15 |
| Meetings with Principals and Vice-Principals | 12 |
| Psychiatric Interviews (Direct Service) | 11 |
| Research Meetings and Conferences | 10 |
| | <u>323</u> |

Secretarial help was not available to the MHS office until near the end of March 1966. Records, therefore, are not as complete and detailed as could normally be expected. There are indications that 103 children are known to the MHS through consultation meetings, but this may be an approximate number. Since March, however, this situation has been remedied, and future reports will be more complete and accurate. The Research Associate, at the time of this report, had been working with the MHS for only 12 weeks.

6. Teaching-Consultation in the schools:

Because of the primary and central importance of this activity, many observations of such conferences were made by the writer, to serve several purposes:

- a. To attempt to identify and/or classify the nature of the mental health problems in the Pittsburgh Public Schools; and
- b. To record the proceedings of MHS consultations with school personnel, in order to evaluate them as teaching sessions, supporting and enabling school personnel to use their own resources to deal with the mental health problems.

In order to illustrate the process involved and to abstract the principles and guidelines of teaching-consultation in the schools, a discussion of a somewhat typical conference follows.

The conference included the principal, who initiated the contact with the MHS, the home and school visitor, two teachers, a school physician, and the MHS staff. The meeting was conducted in a rather formal fashion by the principal. A summary of the child's school record had been prepared, which included identifying information, test scores, both I.Q. and achievement, grades, and attendance.

The problem, as it was initially stated, concerned a recommendation for suspension, because of repeated truancy, upon which the school was somewhat reluctant to act. The attitude expressed early in the meeting, by the school people involved, was one of concerned bafflement. The meeting represented a "last resort" attempt to find realistic alternatives in dealing with a troubled child. Their search appeared to be directed towards agencies in the community, because it was believed that they had exhausted the resources of the school.

As the participants, in turn, revealed the nature and character of their relationships with the child, factual information regarding his performance, adjustment and social history, and their various perceptions of him, a dynamic portrait began to emerge. The prepared data appeared, in contrast, to be relatively lifeless and somewhat irrelevant to the purpose of the conference.

Stephen, an 11 year old boy, was described as an insecure, immature, underachieving child who had presented behavior problems in the school. His mother, with whom he lived in a nearby housing project, was the object of some ridicule by neighbors in the community and by some people in the school.

It was revealed that Stephen had been told by his mother that he had been born out of wedlock. The school people speculated that this had probably been done in a clumsy and tactless way. Others in the community seemed to have known about this, and the possibility existed that Stephen had heard rumors concerning the circumstances of his birth even before his mother's disclosure to him. This event was followed by defiant behavior in the classroom, and then by the truancy which precipitated the recommendation for suspension.

At this point in the conference, the participants began to describe Stephen as a "victim of circumstances," and to discover and identify his strengths. The staff psychiatrist confirmed these new insights and led the discussion to an examination of available alternatives. The focus of the meeting shifted from a search for help outside the school to a reassessment of the resources contained within the school.

It was discovered that Stephen had chosen or elected a "friend" in the school, in the person of a male teacher, Mr. C., who had responded warmly to him. Mr. C. indicated a willingness to do whatever

was possible to help Stephen. It was brought out that Stephen was often sent to Mr. C's room, as a disciplinary measure, because of Mr. C's past success in working with him.

The staff psychiatrist recommended that Mr. C. invite the boy to his room, so that he need not feel that he had to be "bad" in order to get there. He also suggested that the home and school visitor continue her work with Stephen's mother, who had been helped to initiate contact with the Family and Children's Service. The primary purpose of this would be to help her to become aware of her indiscreet and sometimes foolish behavior so that she could be helped to change it.

In reexamining the suspension action, in the light of the new understandings which had been produced by the conference, it was now felt that such action was inappropriate. The staff social worker led the group into a discussion of the importance of recognizing the need for flexibility in school law. They recalled a youngster who had been legally excused from school when he was grieving for his dead father. The psychiatrist suggested that Stephen be regarded as a convalescent, being given time to recover from shame and embarrassment. The possibility was discussed of securing a medical excuse for absence, based on the assessment of a "transient situational personality disorder."

It was further recommended that Mr. C. initiate the invitation to Stephen to return to school, under specified conditions, which would set clear limits around Stephen's behavior, with as much positive reinforcement as was possible. It was agreed to allow opportunity for him to ventilate his anger. Stephen apparently perceived the world as rejecting him. He had lost respect for adults. There was confusion around the appropriateness of the target of his anger, and a temporary inability to differentiate among the adults in his world. In this situation, the school was responding to him much as a concerned family.

Discussion. From this description of a teaching-consultation conference, certain principles can be defined:

1. The conference is teacher-centered. The MHS staff gives the center of attention to the concerned teachers who supply vital information and feelings about the child under discussion. The teachers, in this process, are learning the psychiatric version of historical methods. Attention is then turned to the principal, home and school visitor, vice-principal, psychologist, and other school personnel.

2. The teachers are helped to recognize how much they already "know," their insights are reinforced in the consultation, and their mental health skills and intuitions are given confirmation. They are also helped to acquire new mental health skills and understandings.

3. Recommendations are based on the "principle of election." Frequently, a disturbed child will have "elected" a "friend" in the school community... a teacher, the principal, perhaps the custodian. This relationship is explored in the conference, and steps are taken to reinforce and support it. In the event that the child has not elected such a relationship, the conference chooses one for him which appears to have the greatest potential for success.

4. As early as possible, an assessment is made of the "workability" of the parents. Again, the conference examines whether the parents have made a similar election among the school personnel, and this is given planned support. If the family is described as "unworkable," the conference then explores possible parent-substitutes within the school.

5. The MHS staff, after listening and assessing all the available information, will make specific recommendations for action, making provision for subsequent review. In this fashion, the process becomes self-correcting. The consequences of the recommended action can be evaluated and altered, if necessary.

6. The MHS staff assists school personnel in locating and identifying primary mental health resources within the school. When referral to a community agency is indicated, of course, the MHS staff offers help in that direction. However, the central concern is to enable

the school, whenever possible, to utilize effectively the mental health resources it often possesses, but sometimes does not recognize.

Frequently, after three or four such conferences, or teaching-consultations, school personnel spend less time and energy searching for help outside the school, or bemoaning the scarcity or non-existence of such help, and, more productively, turn their attention to identifying and supporting the effective agents within the school.

The investigator accompanied the MHS staff to approximately 16 teaching-consultations in the schools, and took extensive notes of these meetings. While the primary purpose of these observations was described 15-47, they also became part of a Log Book. Material about teaching-consultations which occurred before May 2, 1966, when the Research Associate was appointed, were recorded retrospectively from notes made by the MHS staff.

Looking back over the content of the teaching-consultations, several broad problem areas emerged, as expressed by the nature of the cases discussed, and as expressed by school principals and other personnel.

1. Need for temporary residential facilities for pre-delinquent disturbed children;

2. Need for more support and/or training for new teachers, especially for those in disadvantaged communities;

3. Discomfort with new programs which were introduced into schools, sometimes, as the principals saw them, without sufficient regard for the specific and individual needs of each school;

4. Use of home-bound instruction for emotionally disturbed children;

5. Need for review of the role of the family doctor and of administration in granting approval for such home-bound instruction;

6. Need for some program designed for the borderline child in high school who needs help in personality development.

Recommendations for Program Modification

1. At the present time, there are three adjustment classes and one resource room. Of these four classes, the one in Colfax Elementary School is supported financially by the Pittsburgh Board of Education. It is soon to become state-reimbursable. The others are funded by the EOA. In September 1966, four additional adjustment classes and five new resource rooms will be opened. Of the 13 classes, 12 will be supported by EOA funds and will eventually be eligible for state-reimbursement.

In May 1966, the MHS office was informed that EOA funds were no longer available to continue the operation of the Mental Health Teams.

Through the Maurice Falk Medical Fund, there are funds available for only one full-time and one half-time psychiatrist. The full-time psychiatrist has, however, as his primary function, serving as the Director for the MHS program, which will not allow much time for the kind of intensive service previously provided by the Mental Health Team psychiatrists. Funds are available from EOA for the employment of three psychiatric social workers, and from the Maurice Falk Medical Fund for one additional psychiatric social worker, to serve the entire school system.

There are several implications to be drawn from these facts:

a. In order to meet the requirements for state-reimbursement, the special classes must have access to psychiatric and clinical psychological consultation;¹

b. It could be assumed that such consultation would be of vital importance in enhancing the probability of success in the ongoing programs in these classes. Conversely, the absence of adequate psychiatric support could seriously weaken the effectiveness of the entire special class program;

¹Regulations of the Dept. of Public Instruction for the Approval of Services for Socially and Emotionally Maladjusted Children within the Public Schools of the Commonwealth," adopted by the State Council of Education, September 20, 1961.

c. Therefore, funds must be located so that this important component may be reestablished. Without adequate psychiatric assistance, the Pittsburgh Public Schools may find that they will not have met State requirements for reimbursement, when such application is made, and the overall effectiveness of the program may be seriously reduced;

d. Having suffered the consequences of the precariousness of EOA funding (see Mental Health Teams), it would seem imperative to find firmer financial support, if possible, for the 12 new classes, in order to avoid another similar experience.

2. In longer range terms, plans for systematic evaluation of the program, as described in the next section of this report, should be carried forward, so that future program development can be informed by the empirical results of research.

3. In view of the urgent need for research in the education of emotionally disturbed children, and those with perceptual-motor dysfunctions (PMD), the MHS should be encouraged to continue their planning for controlled, experimental work within the context of the current program. Curricular changes, teaching methods, programmed instruction, creative uses of audio-visual materials, behavior modification techniques may all be considered possible experimental treatments in the special class program.

4. The present MHS program is based on the assumptions that the school is the primary mental health agent and that, in view of the scarcity of mental health professionals and facilities, existing school personnel are compelled to handle the formidable task of dealing with the emotionally disturbed children in the schools.

The magnitude of the problem should be noted. Incidence figures of emotional disturbance in children range from 4 per cent (Bower, 1958) to 12 per cent (Rogers, 1942). Therefore, based on the population of the Pittsburgh Public Schools, there are from 3,000 to 9,000 children who will need some kind of special help.

Since 98% of the emotionally disturbed children in the public schools remain in a regular class, the primary source of support should be for the classroom teacher. (Long, Morse & Newman, 1965, p. 227)

If the foregoing premises are accepted, it becomes obvious that intensive in-service training of teachers in mental health principles and practices must be considered to be vitally important. That this training should be available to other potential mental health professionals (psychologists, counselors, home and school visitors, principals and vice-principals) should be equally apparent.

At the present time, this kind of in-service training occurs as a result of the Teaching-Consultation activities of the MHS, as described earlier in this report. While the effectiveness of this training is to be evaluated in the coming school year, a variety of teacher-training programs (and training for other concerned school professionals) should be implemented as soon as possible so that the most effective methods may be determined through research.

5. a. Preventive work in mental health should enjoy a higher priority in any school program, if for no other reason than the notion that early treatment is frequently more successful and less difficult than treatment long after the onset of emotional problems. The planning and implementation of preschool screening for all exceptionalities is recommended in the professional literature, and the Pittsburgh Public Schools is urged to consider establishing such a program.

The objectives of a school screening program would be "to insure early in their school career a more adequate identification of pupils with defects, and to help pupils with defects to receive more intensive individual study and, if necessary, remedial services."¹

In relation to the exceptional children in the schools, Dunn (1963) writes:

¹ From a report, "In-School Screening of Children with Emotional Handicaps," by E. M. Bower and Nadine Lambert, California State Department of Education.

Early screening, identification and placement in a special education program are generally necessary if exceptional children are to make optimal progress in school.

b. The training and use of school doctors and nurses as mental health professionals (see the participation of the school doctor in the Teaching-Consultation, page 15-48) has just begun. Research would be indicated in order to judge the effectiveness of such a program.

c. Parent education should be a central part of any preventive program in mental health. There have been some exploratory activities in this area by the Mental Health Teams. Because emotionally disturbed children are frequently the representatives of disturbed families, involvement of parents would be important. Plans should be made to design such programs, particularly at the pre-primary level, which could conceivably produce many benefits:

- (1) Teach parents about child development, family dynamics, so they may be helped to rear emotionally healthy families;
- (2) Help parents who have children who are already emotionally disturbed;
- (3) Promote a stronger helping relationship between school and home; and
- (4) Help parents to view the school as a concerned agency in the community and as a resource for problem-solving.

6. During this school year, two groups of pre-delinquent junior high school children were formed. These groups met weekly, during school time. The boys' group met with the guidance counselor and the girls' with the home and school visitor. The purposes of the groups were:

a. to provide opportunity for "ventilation" of the children's angers, resentments, fears, frustrations, etc.;

b. to provide a supportive group setting for troubled children; and

c. using group work techniques, to motivate the children to acquire more acceptable school behavior and better attitudes towards school and learning.

It is too early to determine the effects of this approach, but, from what is known in the field of group dynamics, it may be indicated that further efforts could prove to be valuable. It is recommended, therefore, that this type of group work with emotionally disturbed children be continued, and, if possible, evaluated.

7. In recording the Teaching-Consultation activities of the MHS staff, it became apparent, from the problems which were brought to their attention by the schools, that there exists an urgent need for

temporary residential facilities for pre-delinquent children. In order to prevent more serious problems, such children frequently need to be separated from their disturbed or disorganized home settings. The Pittsburgh Public Schools should engage in cooperative and collaborative efforts with other community agencies to plan for and develop such facilities.

Directions for Future Research

Professionals in educational research are rarely presented with an opportunity to make an original, scientific, and useful contribution to our slowly accumulating knowledge, particularly in the relatively new fields of special education for emotionally disturbed children, and other mental health programs. While there has been some research done on special class placement, inadequate scientific method and control has prevented the investigators from drawing reasonably conclusive cause-and-effect relationships. Most of these investigations were performed with existing programs and intact groups, so that it was difficult, if not impossible, to make adequate comparisons.

With the expansion of the special class program (adjustment classes and resource rooms) and the establishment of new classes, the Pittsburgh Public Schools has a challenging, unique opportunity

to design and carry out important research investigations. The primary purpose of this research would be to determine the effects of special class placement for emotionally disturbed children on their school behavior, academic achievement, I.Q., social adjustment, and attendance.

Admittedly, this will be a difficult and complex task. Many factors must be considered, such as the nature, severity, and etiology of the emotional disturbance, socio-economic and demographic factors, differences between schools, classes, teachers, teaching methods, etc. Many of the problems mentioned may be eliminated, or at least, diminished, if the population eligible for the new classes were to be randomized into two groups, those who are admitted and those who are not.

It is to be anticipated that referrals to the new classes will run far beyond the capacities of these classes, and that there will be emotionally disturbed children who will be eligible for placement in classes which will have no room for them. Since, because of the initial size of the program, there will be children excluded from the program because of space limitations, if those who were admitted were selected, after screening, randomly, it would contribute to a strong research design.

Those children who were screened, but not admitted, would serve as a control group. The research investigation would follow them

in their regular classes and attempt to measure changes in behavior, achievement, I. Q., social adjustment, and attendance. The results would provide the first controlled evaluation of the effects of a particular treatment, or treatments on the emotionally disturbed children in the schools.

It should be noted that two Research Consultants to the Pittsburgh Public Schools join the writer in a strong plea to consider the incorporation of randomization, after screening, into the admission procedures of the new classes. The quality and implications of the resulting research will be determined by this crucial decision.

The research investigation would concern itself not only with the measurement and comparison of the outcomes mentioned above (achievement, behavior, etc.), but would also examine the effects of the special class program on the total school society in which it is housed, on the performance of the children in the regular classes from which the emotionally disturbed child was removed, on attitude changes in teachers, principals and other school personnel. This is by way of saying that a randomized, controlled research project could conceivably yield data which would be inestimably valuable and hitherto unavailable.

A similar research approach would be strongly recommended for the proposed evaluation of the teaching-consultation activities of

the Mental Health Services staff. Schools to be served would be selected randomly, so that the effects of the teaching-consultations could be measured against those schools which are not served. Again, the number of schools needing service exceeds the amount of time available to serve them, and by necessity, some are excluded. Randomization would provide as reasonable a method of selection as any, and would have the significant advantage of providing the framework for a sound research project.

The practical considerations involved in maintaining a good service program would make it necessary, if not mandatory, to give thoughtful deliberation to the recommendations for research methodology. The choice to be made lies between the continuation and growth of a program which is based on largely untested hypotheses and methods, and the singularly unique opportunity to perform an important research investigation of considerable magnitude. A year or two from now may be too late to accomplish this. While the choice is admittedly a difficult one, it is to be hoped that it will be made with responsibility, courage, foresight, imagination, and commitment.

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Appendix A
Case Histories of Children Served by the Adjustment Classes
(Names Altered)

15-67

Gary

Birthdate: 11/4/54

Family: Gary is the sixth of eight children. The father does not live with the family, whose sole income is from public assistance.

Tests: 5/63 Binet I. Q. = 77. This score was considered by the psychologist to be a poor evaluation of his actual potential.

California Achievement Test:

| | | |
|------|------------|-----|
| 9/65 | Reading | 3.8 |
| | Arithmetic | 4.6 |
| 6/66 | Reading | 5.0 |
| | Arithmetic | 4.9 |

Psychiatric Evaluation (1/64): Dependent-aggressive, conflict in male identification, hysterical personality, possible brain damage.

Teacher: Gary used to have tantrums, during which he would throw furniture, books, kick cabinets, kick the teachers, and hit other children. He still rocks and bangs his head on his desk, but his anger seems to have lessened. Mother reports improvement at home. Last year, he was able to tolerate one period of art in a regular class per week. This year, he was able to spend 21 periods per week in regular classes and his adjustment in those classes seems to be adequate.

Donald

Birthdate: 1/22/57

Family: Father does not live with the family. Donald has a younger brother. Income is from public assistance.

Social History: Mother had worked as an exotic dancer and was described by the Home and School Visitor as a flamboyant and uninhibited personality. Donald has been witness to a great deal of sexual activity. In the adjustment class, he has been the scapegoat of the group, being the smallest and most immature.

Tests: 6/64 Binet LM I. Q. = 102

California Achievement Test:

| | | |
|------|------------|-----|
| 9/65 | Reading | 1.6 |
| | Arithmetic | 2.1 |
| 6/66 | Reading | 3.3 |
| | Arithmetic | 2.9 |

Psychiatric Evaluation (6/65): Serious difficulty with masculine identification. Anxiety reaction in passive-dependent personality. Making feminine identification.

Teacher: Donald could barely read at all when he entered the class but has made remarkable progress. He reads all the time and spends free time in copying stories. His tantrums and screaming have almost completely stopped, as has his biting of other children. He spends 14 periods per week in regular classes and his reading teacher reports no problems.

Charles

Birthdate: 6/54

Family: Father does not live with the family. Charles is the fifth of six children. Income is from public assistance and father's contributions.

Social History: Charles is emotionally rejected by his mother and was abandoned by his father. Mother is receiving out-patient treatment for a heart condition. He needs recognition and attention. He needed eyeglasses. After much prodding, they were secured, but Charles rarely wears them.

Tests: 3/65 Binet I. Q. = 85

California Achievement Test:

| | | |
|------|------------|-----|
| 9/65 | Reading | 3.0 |
| | Arithmetic | 3.1 |
| 6/66 | Reading | 3.3 |
| | Arithmetic | 3.7 |

Psychiatric Evaluation (12/64): Immature, inhibited, depressive reaction with the beginnings of passive-aggressive personality.

Teacher: He has shown little improvement. Although he is reluctant to leave the adjustment class to go to regular classes, he does attend them for 12 periods per week. He continues to rock, but he responds to praise and gifts. He needs specific goals. He has shown only limited success in regular classes.

Louis

Birthdate: 12/14/55

Family: Louis is an only child, born out of wedlock. His mother does occasional domestic work and receives public assistance. He lives part of the time with a paternal aunt.

Social History: Louis' school attendance was uneven. He moved several times and attended several schools. He has come to school unwashed and poorly dressed. More recently, he has displayed violent emotional outbursts in class.

Tests: 12/64 Binet LM I.Q. = 85
(Distorted perceptual-motor coordination. He withdraws from activity and rocks.)

California Achievement Test:

| | | |
|------|------------|-----|
| 9/65 | Reading | 2.6 |
| | Arithmetic | 2.4 |
| 6/66 | Reading | 3.3 |
| | Arithmetic | 3.7 |

Psychiatric Evaluation (1/65): Immature, depressed, passive-dependent, phobic.

Teacher: Louis is still rocking and banging his head on his desk. However, his regular reading and arithmetic teachers report that he does not rock in their classes. He spends 12 periods per week in regular classes. Teacher reports that he has poor color discrimination. He often leaves spaces in his work and has exhibited perceptual difficulties. He sometimes will reverse a whole sentence.

Danny

Birthdate: 5/11/54 Admitted: 11/64

Family: He is the third child in a family of six children. The younger boy is in the Allegheny Home for the Mentally Retarded. Both parents are in the home. Father has been employed, but is without work at present.

Tests: 4/64 Wechsler Intelligence Scale for Children I. Q. = 84
(Very wide subtest scatter)

Gray's Oral Reading
Figure drawing
Self Concept

California Achievement Test:

12/65 Reading 3.5

Psychiatric Evaluation (4/64): Major convulsive disorder. Receiving medication for control of seizures. Home is overcontrolled by excessively religious father. Some perceptual difficulties. Immature, passive-dependent, unable to handle aggression.

Teacher: He displays an interest in science, animals, and birds. There has been some improvement in his ability to work independently. There have been no seizures. He is still very quiet. He spends 14 periods per week in regular classes.

Home and School Visitor (11/65 to 1/66): Father lost his job and finally applied for DPA. It is believed that Danny has made progress in his personal relationships with adults and peers. He is liked by other boys in his class and often visits with them in their homes after school.

Thomas

Birthdate: 5/28/55 Admitted: 3/26/65

Family: He is the fourth of six children, and the only boy. Two parents are in the home. The father is employed in a mill.

Tests: 9/64 Binet LM CA 9.4, MA 7.10, I.Q. = 82

Gray's Oral Reading G. E. 3.1
Monroe Arithmetic 1.3
Human Figure
Self Concept

End of 2nd Grade: MAT Reading 2.9
Arithmetic 1.8

California Achievement Test:

| | | |
|-------|------------|-----|
| 12/65 | Reading | 3.9 |
| | Arithmetic | 2.7 |
| | Language | 4.2 |

Psychiatric Evaluation (2/65): Obsessive-compulsive personality.

Borderline psychotic. Stutters. Sees himself as a threatened young child who must be protected. Conflict around passivity vs. aggression. Recommended later possible referral to community agency when the boy is ready and not so withdrawn.

Teacher: Thomas could not work alone last year and needed constant support. He is now able to do more work independently. He spends 15 periods per week in regular classes and the teacher believes this may be increased next year. His regular reading teacher and the arithmetic teacher believe his adjustment is good.

Home & School Visitor (4/65 to 6/65): Thomas received all his father's attention until his younger sister, Mona Lisa, was born when he was five years old. He has two older sisters in college, and one who is about to enter college. There is intense sibling rivalry between Thomas and his sisters, especially Mona Lisa, who is now most favored by the father.

10/65 to 3/66: Mother reports that Thomas is more aggressive in his behavior at home. HSV interpreted this to her as a sign of his emotional growth.

Tim

Birthdate: 10/11/58

Admitted: 2/66

Family: Two parents in the home (mother and stepfather). Tim is the first of five children. Stepfather is an unskilled laborer in a steel mill, who is intermittently unemployed and on public assistance.

Social History: Tim's father was his maternal grandfather. Mother is 23, with serious emotional problems. She took an overdose of pills and was hospitalized on 3/24/66. The home is clean, but crowded. Four children share a sleeping room with the parents, but Tim has a room to himself. There are no toys or playthings to be seen.

Tests: 8/11/65 Binet LM CA 6-10; MA 3-11 I.Q. = 53
(Mildly educable mentally retarded,
with emotional disturbance)

Psychiatric Evaluation (9/28/65): Severe maternal deprivation. Mother is immature, young, and confused. Tim has shown inappropriate behavior and has run away from school and home. He is aggressive with other children and unable to follow academic and social demands. There is marked immaturity and mental retardation on a functional level. Placement in the adjustment class was recommended, with warm, mothering relationships and possible casework help at home.

Edward

Birthdate: 5/1/55

Family: Parents separated; children live with the mother.

Edward is the first of six children. The family is on public assistance.

Tests:

| | | |
|-------|--|-----------|
| 1964 | Binet LM | I.Q. = 75 |
| 12/65 | Wechsler Intelligence Scale for Children | I.Q. = 86 |
| 3/66 | EEG Normal (Allegheny General Hospital) | |

Confused, limited ability. Lack of order, fantasy, anxiety, possible perceptual-motor inability.

Psychiatric Evaluation (11/8/65): Borderline schizophrenic reaction, chronic, undifferentiated. He is very anxious and able to establish only minimal relationships with other people. His prognosis is poor and as he advances into adolescence, there is the possibility of further deterioration.

Social History: Edward was very attached to his father. After his parents separated when he was three or four, there was a court fight for his custody and he was awarded to his mother. He is hostile and aggressive towards girls and fearful of boys in the neighborhood. He relates better with a male teacher. His bizarre behavior has resulted in several suspensions. The mother is ailing with a heart condition, leaving Edward to help care for the five younger children and the household chores. The family is known to Juvenile Court for dependency and neglect.

Kevin

Birthdate: 12/23/52

Family: Kevin lives with his paternal aunt and uncle, in middle-class circumstances. His uncle is employed as a factory worker.

Social History: Kevin is distractible, impulsive, and inconsistent in his behavior. He was the only child, born five months after his parents' marriage. His father was killed in an accident when Kevin was about 14 months old. The mother remarried and the stepfather suffered several mental breakdowns. He showed marked preference for his own children who were born after his marriage to Kevin's mother. When Kevin was six, his mother wrote from Texas to his paternal aunt and uncle, asking them to take Kevin. They wanted to adopt him, but Kevin's stepfather has refused permission. In 1962, he was ill with viral encephalitis and there may be possible brain injury. He is known to Western Diagnostic Evaluation Center, Home and School Visitor Department, and the Educational Clinic. In kindergarten, he was diagnosed as being mentally retarded.

| | | | | |
|---------------|----------|---------|---------|-----------|
| <u>Tests:</u> | 2/24/60 | CA 7-2 | MA 4.0 | I.Q. = 56 |
| | 9/30/60 | CA 7-9 | MA 5.0 | I.Q. = 62 |
| | 11/21/61 | CA 8-11 | MA 5.10 | I.Q. = 63 |
| | 3/4/65 | CA 12-1 | MA 6.10 | I.Q. = 60 |

Psychiatric Evaluation (9/23/65): Massive anxiety, possible brain injury. Borderline psychotic.

Brad

Birthdate: 11/16/58

Admitted 11/65

Family: Brad is the youngest of four children. His mother has a 19 year old daughter by a previous marriage. The youngest three children are the father's by a previous marriage. Brad was almost three when his father remarried. It was believed that his own mother died in childbirth.

Psychiatric Evaluation: Aggressive-dependent, severe identity problems, body image problems. Perceptual-motor difficulties (PMD).

Neurological: Mild cerebral dysgenesis and probable visual perception problem.

Ophthalmologist: "It has not been proven that these exercises (vision training) are of any value in improving the reading ability of any child. Dr. R. has examined this child and does not believe these exercises will be of any value. The ocular diagnosis is mild hyperopia, which is normal, and the prognosis is excellent."

Ken

Birthdate: 1/22/57 Admitted 12/65

Family: Two parents and seven children. Home and school
visitor's report not available.

| | | | |
|---------------|-------|-------|-----------|
| <u>Tests:</u> | 10/61 | Binet | I.Q. = 79 |
| | 11/64 | Binet | I.Q. = 85 |

Psychological Evaluation: Passive-aggressive personality with the
aggressive features predominating. Anxiety reaction and poor ego
control.

Medical: EEG showed some abnormality and disorganization which
may account for his hyperactivity and impulsiveness. May be epileptic
or sub-epileptic.

Larry

Birthdate: 4/18/57 Admitted 11/65

Family: He is the second of four children and the only boy. Two parents. Father is employed as an electronics technician.

| | | | |
|---------------|-------|-------|------------|
| <u>Tests:</u> | 9/63 | Binet | I. Q. = 87 |
| | 11/64 | WISC | I. Q. = 97 |

Psychological Evaluation: Immature, feelings of inadequacy and insecurity, with anxiety.

Stanley

Birthdate: 4/6/55 Admitted 11/64

Family: Stanley is the younger of two children. There are two parents in the home. The father is employed as a factory worker and the mother suffers from severe migraines.

| | | | |
|---------------|------|-------|------------|
| <u>Tests:</u> | 9/60 | Binet | I. Q. = 44 |
| | 9/61 | Binet | I. Q. = 43 |
| | 8/62 | Binet | I. Q. = 45 |

Psychiatric Evaluation: Childhood psychosis, probably schizophrenia of the symbiotic type. Behavior reflects hyperactivity, autism, perseveration and inappropriate and bizarre activities.

Psychological Evaluation: Stanley is seriously emotionally disturbed with intellectual ability impossible to determine accurately.

Phil

Birthdate: 12/31/56 Admitted: 10/64

Tests: 8/64 Binet 60 minimal rating

Psychiatric Evaluation: Phil is a retarded, withdrawn, negativistic child. His intellectual ability fluctuates and is large unmeasurable.

Even the thought of a test creates great anxiety in mother and child.

Psychological Evaluation: "Taking all things into account, I cannot say at this point whether he is mentally defective, psychotic, terribly spoiled, or a combination of these."

Appendix B

Narrative Reports of Observational Visits to Adjustment Classes

(Names Altered)

Adjustment Class 1

Time 1

This was a quiet morning. The children were working independently, with little sign of tension. Ken was receiving individual instruction in arithmetic from the teacher. Larry called for the teacher and when she approached him, he said, "I don't want to do the whole page. I don't feel like doing it. It's too much to do." The teacher suggested that he do just three more problems and then put his book away. "No," said Larry, "I don't want to do all of them." The teacher said again, "You don't know how you may feel later. Do three more now, and then you may put it away." Larry went back to his work.

Bob was sitting and staring at his table. The teacher called to him and he began to write. She explained that Bob often daydreamed until she spoke to him. Phil was working quietly and laughing aloud very rarely. When he did, either the teacher or the aide would move to his desk, and he would stop.

Ken came to the teacher again for help, received it and went back to his desk. A moment later, he was back again. The teacher looked at his work, praised him and said, "Now, you do the rest of it yourself."

Stanley stopped working, got up and whirled around the room. "All right, now, stop," the aide said. She took his arm and guided him back to his chair. She remained beside him until he was again engaged

in his work. When she left, he took off his shoe, held it to his ear like a telephone and spoke into it. Again, the aide urged him back to his work.

Bob was receiving an individual reading lesson. He asked his teacher if he would catch up with the other children in his class upstairs. The teacher said that she believed it was more important that he understood what he read. Bob said he thought it would be better if he caught up with the others. She expressed confidence that he would, but again spoke of the importance of comprehension.

Both teachers moved around the room, giving help as needed or requested. The children worked, and, as they completed a task, they moved independently on to another.

When Phil completed his spelling lesson, he worked with the colored cubes and the beaded pegs (Cruickshank), reproducing designs from printed cards.

Time 2

This was a rather brief visit. The teacher spent considerable time in explaining parts of the program, where the children came from, who was served by the class, and her own education and training. She pointed out, emphatically, that her aide, who was very competent, was

underpaid for her services. She also commented that the children in her class were quite different from those in the other two adjustment classes, both in socio-economic level and in etiology.

Stanley came in very excited and told the teacher that in the taxi he had seen a TV leg attached to the gear shift on the floor. The teacher, after listening to this repeatedly, told him quietly and firmly to go to his seat and begin his work. He opened his book, but in a moment he was staring off into space. He kept repeating, "TV leg on the gear shift," and making noises. The teacher came to him, putting her hand on his shoulder, urged him quietly back to work. He clung to her, trying to hold both her hands, but she disentangled herself and again admonished him to do his work.

Phil kept laughing aloud to himself and making loud noises. The aide brought him the beaded pegs and sat beside his desk, talking quietly with him as he worked. When she left his desk, he would alternately suck his thumb, rock, and laugh aloud. When Stanley got very loud, Phil turned to him and said, "You are a mental case." "So are you," answered one of the children. When he finished the task with the beaded pegs, he began, with the help of the aide, to cut geometric shapes out of construction paper, making noises and laughing. The aide kept up a running conversation with him, speaking very quietly, and Phil worked steadily.

Bob stood up from his work and carefully lettered a message on the blackboard: "I don't know what to make up." The teacher answered his call by going to his desk and showing him how to proceed. He resumed his work, but apparently ran into some difficulty because another message appeared on the board: "I still bon't cwiet understab." The teacher came back to help him again, and he went on with his spelling lesson.

Stanley floated in and out of his work, staring at the light, talking to himself and making noises. When the teacher or the aide approached him and spoke to him, he would briefly resume his task. At one point, when the teacher came over to work with him, he began again to shout about the "TV leg." The teacher said firmly, "You have told me all about that. We are not going to talk about that any more. We are going to do something else." Stephen continued, louder, grabbing at the teacher's hands. "That is inappropriate classroom behavior. Stop it." He subsided, then started again. The teacher said that he could not do his work and took the book away. Stanley became very excited, almost panicky. He begged for some work to do, and the teacher gave him another task. He became quieter, and worked for a little while.

Jack and Bill worked independently and quietly, occasionally asking for and receiving help and encouragement. Ken did no work and could not remain in his seat. He stayed near his desk, but was in almost constant movement. He made noises, and when he got loud, one of the teachers would quiet him by speaking softly to him.

Time 3

There were seven children present. Stanley was talking loudly to himself, repeating over and over, "TV leg on the gear shift in the taxi," (as he had been doing on the last visit). The teacher came to him and directed him to his spelling lesson. He worked for a minute or so, but continued talking aloud, lapsing into nonsense syllables. The aide helped him to resume his work and he settled down with his book for about 10 minutes. He pretended that his pencil was a trumpet and when he became rather loud, the teacher said, "That is inappropriate classroom behavior," and he subsided. He drifted in and out of his work, alternately staring at the light, working, playing with his fingers, and talking to himself.

Larry was working on a reading lesson with a workbook. He exhibited a great deal of dependency, asking many questions every step of the way. He received the assistance he requested. Brad and Bill worked quietly and with some independence. When Brad completed

his assignment, he worked with the colored cubes, reproducing a design (Cruickshank).

Alice sat in her carrel, reading aloud to herself. The teacher repeatedly reminded her to read silently. She was a fairly large girl, who skipped and pranced across the room from time to time like a very small child.

Phil worked on perceptual-motor tasks (block design and beaded pegs) with the close assistance of the aide. He laughed and made noises. When he was quiet, he rocked back and forth and sucked his thumb.

Ken darted around the room from time to time, teasing one or two of the other children. When he was sent back to his seat by the teacher or the aide, he fired an imaginary gun at the others. He worked at his spelling intermittently.

When it was time for Stanley's reading lesson, he kept flipping through the pages of the reader without stopping. The teacher said, "If you don't stop that and find the page, I will take you to the principal." Stanley said, "No, no, don't take me to the principal." He found the page, and the lesson began. He made frequent outbursts of laughter and nonsense, as he read. "Go West, young lady, go Honey West," he said to the teacher. By repeated admonitions ("inappropriate classroom behavior") from the teacher, he went on with his lesson.

Adjustment Class 2

Time 1

This is a new class which was opened in March 1966. There were three children enrolled in it: Tim, Edward, and Kevin. Kevin was described by the teacher as a brain-injured child and the teacher explained that he was using the Cruickshank method to teach reading and arithmetic to him. The teacher also explained that Edward reacted very negatively to any contact with women, and this may include the observer. Kevin was absent.

Edward moved his desk to be near the teacher's desk, and placed a movable screen between himself and the rest of the room. He was working with the beaded pegs and repeatedly called the teacher by name, asking for help, which the teacher gave him.

Tim was working with colored cubes, reproducing a design, under the supervision of the aide. He began to run around the room, making a lot of noise as he did. The aide caught him and brought him back to his desk. He protested loudly and hid under his desk.

Edward hid under the teacher's desk. The teacher coaxed him to come out, as the aide did with Terry, and they both resumed their work. Edward asked the teacher, "What are you doing?" and the teacher replied, "I am watching you do your work." Edward said, "That's all you do. You don't do any work. You just sit there." The teacher continued to guide his activity.

Tim got up again and started running wildly around the room. The aide told him that she would go home if he didn't do his work. She helped him back to his desk and kept him seated by holding him by the shoulders. She told him that she had some candy, but she would not give him any if he did not work. He settled down and resumed work, making noises to himself.

Edward was working on a follow-the-dots picture, talking aloud to himself, saying the ABC's and making noises. When he finished, the teacher praised him and suggested beginning work on arithmetic. Edward objected loudly and the teacher waited patiently. Edward then began to read arithmetic problems aloud. He began to show eagerness and happiness with his success in solving the problems correctly. His attention span was very short and he showed very little control over himself, as he worked. He shouted frequently. He teased the teacher by putting the wrong answer on the blackboard. Then grinning, he erased it and put the correct answer down. He talked gibberish to the teacher and said, "That's how you talk. I can't understand what you say." He began to draw a rectangle on the board, and when it was almost complete, he slowed down his drawing by making minute segments of the line which would complete the shape. Each time he added another fragment to the last line, without completing the rectangle, he looked at his teacher, as if measuring her response to his drawing. The teacher

said, "Edward, that's enough." Edward abruptly stopped what he was doing, completed his work correctly, and began to howl loudly. •

When Tim finished his work with the cubes, the aide praised him. "You did that very well." She gave him a piece of candy. They went to the cupboard for colored cubes on a string for counting, but Tim darted away from her and ran over to a broken window. She warned him of the broken glass, reminding him that he had once cut his hand on it. She coaxed him to come back to his desk and do some counting. Her manner was very warm and affectionate. On the way back to his desk, he stopped to tie his shoe. The aide complimented him on his skill in tying. He got up on the big work table and walked around on it. She coaxed him down and sat him on her lap. Holding him firmly, although he squirmed, she got him started on a counting lesson, using the cubes and a page from a workbook. After a moment, he again tried wildly to get free and the aide brandished a ruler. He settled down again to work and the aide encouraged his efforts.

Time 2

All three children were present this morning. They were drinking their morning milk. When they finished, they cut up the cartons and pasted the numbered Presidents' pictures on the corresponding number

on a cardboard sheet. Edward was quietly doing this. He soon left the room and the teacher explained that every morning he went down to the cafeteria to find out what there was for lunch. He had formed a relationship with Ellen, one of the cooks, and talked to her every day.

Kevin remembered the observer from last February and asked if she had brought her guitar. He took her to the cupboard and showed his work with great pride. He said he liked this room because it was fun to play with all the games, and "because I can do good work." He sat down to work at a jig-saw puzzle. When he finished it, he put it away and began work on the beaded pegs.

Tim was running around the room, whooping and whistling. When the teacher suggested he sit down and finish his milk, Tim turned it into a chase. When the teacher caught up with him, he struggled to get free. Tim said, "I'm going to bite you." He was alternately angry and laughing and bit the teacher's shirt front. The teacher turned the struggle into a game, and lifted Tim by both hands. He was delighted and called out to the aide to watch. After the "last time" of lifting, the teacher suggested patty-cake. He said it would be easier to do if they were sitting down. Tim complied. Patty-cake became a counting game, as they counted the claps. From this, the teacher was able to move Tim to his desk to finish his milk.

Kevin was working with the aide tracing numerals, and Edward moved the screen so that it was between himself and the room. Tim jumped up and ran to the windowsill to get another carton of milk. The teacher took the milk from Tim and explained that when it was time for more milk, he would get more. Tim ran around the room chanting, "I want more milk." The aide said, "I won't work with you if you don't settle down." Tim continued. The aide said, "That is for your lunch. Now, sit down." Tim stuck out his tongue. The teacher told him to sit down. He picked Tim up, carried him to his desk and sat him down, with Tim protesting, and stood behind him. After a moment, the teacher walked away. Tim got up, teasingly, but he sat down when the teacher returned with his work. He made loud noises, but remained in his seat.

Edward knocked on his screen and the teacher answered his call for assistance. Kevin finished his work. "I did it," he said. The aide praised him. Tim was still making noises and getting louder. The aide warned him, and then threatened him with the paddle. She explained to the observer that she must use the paddle almost every day, in order to get him to settle down. Tim listened, gradually stopped making noise, and began to do his work.

Time 3

The teacher and Edward were deeply absorbed in a game of Monopoly, on a table in the middle of the room. Edward was very animated and was obviously enjoying the competition. Occasionally, he would try to cheat in various ways. The teacher, with a friendly smile, would reject the attempt, and Edward, in very good humor, would play it straight.

The aide was beginning a weaving project with Kevin. He caught on quickly and worked with obvious enjoyment. Tim was running around the room. The aide asked him if he wanted to work. He shouted, "No," several times and kept moving. The teacher told him to sit down at his desk, but he did not. The aide brought him to the table where she and Kevin were working. "I'm going to kick you," he said. He raised his foot a few times, but did not kick her. She went on working with Kevin and said, "When you are ready to work, I will help you." After a while, he sat down opposite her and shouted, "I want to do mine!" The aide invited him to sit beside her so that she could show him how to do it, but he refused. After a moment, he moved close to her, and leaned up against her, wriggling and squirming, as if he were trying to get inside her. He would not work and finally got up and began to bother Kevin by poking and tickling him and running away. Kevin swung playfully at him, as if to brush him away. Tim came back

to the table and allowed the aide to show him how to weave. He said, "I'm going to bite you," pretended to bite her but did not. He worked quietly for about ten minutes.

At the teacher's prompting, Edward told the observer about his birthday and enumerated the gifts he had received. He looked very pleased. He willingly interrupted the Monopoly game to work on some arithmetic problems. He retired behind his screen and worked on the blackboard. He told his teacher, "You do this one and I'll do that one." He worked quickly and accurately, and when he had finished the assignment, they returned to the game.

When the time came to go home, the children willingly put their things away. Tim, at first, refused to leave with the aide, and then ran after her.

Adjustment Class 3

Time 1

The adjustment classroom is located in the basement. Two very small windows let in very little light and there are pipes running around the room. There is a large work table in the center and the children's desks are arranged against the walls and blackboards. There are some partitions between the desks. Six boys are enrolled in the class and three girls who are not officially listed come in for remedial work. At the time of the observation, all but one girl were present. Each child had a folder containing individualized work sheets in arithmetic and language arts. Four of the six boys were rocking back and forth in their chairs, drumming on their desks and making noises. Thomas set up a loud rhythmic drumming on his desk which was picked up by John, Charles, and Donald. When the noise became unbearable, the teacher spoke sharply to Thomas and they all subsided. Gary and Danny worked quietly and slowly.

The teacher sat at the central work area with Victoria, helping her with a reading lesson. John was angrily talking to himself and saying that he was not going to do any work. Several times, he called "Teacher!" The aide approached him and told him to get started with his work. He became angrier and threw his papers on the floor and stamped on them.

He flung himself back into his chair and began to bang his head on the desk, while rocking violently. The teacher came to him, put her hands on his shoulders, bent over him and spoke very softly and earnestly into his ear. Gradually, John calmed down, picked up his papers from the floor and resumed his work. He wrote an arithmetic problem on the board, solved it correctly, and then called, "Teacher!" and waited for approval. After many such interruptions, the teacher called him to her table, sat him beside her and encouraged him to continue his work quietly. She went on teaching Victoria, but occasionally looked at John's work, or patted his hand. He returned to his own desk and went on working, intermittently rocking and talking aloud.

When the mother of one of the boys came into the room, John jumped up and began to clamor for the teacher's attention. As the teacher tried to converse with the mother, John's behavior grew wilder and the aide reminded him that he would not be permitted to remain in the room if he did not do his work. He said, angrily, that he was going to go home. No one commented on this. He left the room, got his jacket and stood outside the room, looking in and grinning broadly. When he got no response, he put his jacket away and came back in.

Charles worked intermittently. Then he got up suddenly with a show of anger and began to go through the teacher's desk, looking for

something. The teacher asked him what he wanted. He said he was just looking for something, but he refused to tell her what he wanted. She finally stopped him and sent him back to his desk, and he settled down again.

All the work is highly individualized, with each child having his own folder of work, in all academic areas. As a child completes a worksheet, it is checked immediately by the aide. If an error has been made, it is returned immediately to the child for correction. Except when the teacher is giving an individual lesson, she moves around the room, stopping occasionally to praise or encourage a child.

The noise seems to be contagious. It begins and subsides in waves. When it begins to reach a high point, the teacher or the aide will call out to one of the children. If he does not stop, she will move to him and speak very softly to him, sometimes patting him, or rubbing the back of his neck.

The teacher did not introduce the observer to the children. Most of them paid no attention to her, although Thomas watched her in a somewhat covert way.

Time 2

Danny and Rose were the only children present. Thomas was having a conference with the home and school visitor and the other children were attending regular classes for that period.

Danny was working earnestly, with a high degree of absorption. The teacher was working with Rose, who comes to class for about two periods per week. She worked first with the block design, reproducing with colored cubes a design from a printed card. Her next task was to reproduce a design using beaded pegs. The teacher helped her to keep her head still, to encourage maximum eye movement and hand-eye coordination. She went on to identify basic shapes (square, circle, triangle, etc.), to match like shapes and to discriminate sizes. Rose used her left hand for some of the work and the teacher commented that she usually used her right hand for writing. To develop perception of spatial relationships, she manipulated a teacher-made puzzle (Cruickshank). When this was completed, they turned to a phonics lesson in the reader.

Time 3

Four boys were working very quietly: Danny, Donald, Thomas, and John. Charles and Gary were not there. The teacher was working individually with John. When she moved on to work with Donald, John continued working for a minute, then called out "Finished!" He did this several times. The teacher acknowledged him, but did not interrupt her work with David.

Thomas was rocking slightly and occasionally drumming on his desk, but he seemed deeply absorbed in his work. John asked his

teacher if he could show his plant to the observer. His teacher agreed. He had planted a bean and it had sprouted. He was very pleased with the praise he received and went back to his work. Thomas again watched the observer and, when she caught his eye, he asked, "What do you come here for?" The observer answered, "I like to watch how children work and learn." He smiled, tipped his head, as if considering the reply, and returned to his work.

Donald finished a worksheet and handed it to the teacher. "Here, lady," he said. John shouted that he was not going to do any more work, that he was going to throw his papers on the floor. No one responded and he returned to his work. Thomas announced that he was not going to finish all his work. The teacher came to him, spoke very softly and coaxed him to go on. He settled down. Donald got angry with his arithmetic work and complained loudly that it was too hard. The aide moved in to help him and he was soon back to work.

Charles came in, walking as if he were sleep-walking, slowly, quietly, with no expression on his face. The teacher told him he should be in gym. Silently, he turned and moved slowly out of the room. The teacher asked him where he was the last period, but he did not answer. She asked the aide to go after him and find out where he had been and to check on Gary, who should have been coming from Reading.

The home and school visitor reported that the boys had been in her office. Charles had been threatening Gary for not letting him copy his work. The home and school visitor also said that Gary wept for about a half hour. She suggested that Charles remain in the office to be dealt with by the principal.

Danny, Donald, and Thomas left for their gym class and the teacher began to administer a reading test to John. When she had finished, she explained that she had repeatedly asked the psychiatrist to do individual psychiatric evaluations of the children, but that he had not done so. She spoke somewhat vehemently about this.

Appendix C

Case Histories of Children Served by the Resource Room Program

(Names Altered)

Susan

Birthdate: 11/16/49 10th grade Admitted 2/65
5 periods per week

Referral: Technoma

Family: Susan is the first of two children born to a German mother and a Japanese-American father. The father is employed as an accountant. Susan receives weekly psychiatric care.

| <u>Tests:</u> | WRAT: | Reading | Arithmetic |
|---------------|-------|---------|------------|
| | 12/64 | 15.0 | 7.9 |
| | 6/65 | 14.0 | 7.9 |
| | 12/65 | 14.0 | 8.3 |

Psychiatric Evaluation: Adjustment reaction to adolescence with hysteria.

Psychological Evaluation: Obsessive-compulsive, ego functioning severely impaired, growing paranoid ideational content.

Teacher: When Susan gets anxious, she acts negatively and uses obnoxious defenses. Resource room was used last year and she completed the year. She made some progress this year until December, when she reached a breakthrough in her therapy. She was dropped to a half-time schedule but finished the year. She received both emotional and academic support from the Resource Room (RR) teacher. She failed algebra, but is taking it in summer school. Her manipulation of teachers has stopped. Recommended for full-time schedule next year.

Walter

Birthdate: 7/19/49 9th grade Admitted 1/66
5 periods per week

Referral: Technoma

Family: Walter is the first of three children. The father died in an accident when Walter was three and one-half. He learned of his father's death from other children and displayed regressive behavior. Income is from Social Security and insurance.

| | | | |
|---------------|--------|------|----|
| <u>Tests:</u> | Binet: | 7/64 | 66 |
| | | 2/65 | 72 |
| | | 3/66 | 70 |

Psychiatric Evaluation: Schizophrenia, chronic, undifferentiated.

Teacher: Walter had been treated as a mentally retarded child. He is very babyish, shy, and withdrawn. He was placed in an EMR class, to help him return to the community. He received mostly ego-supportive help in the RR. He began to socialize and to learn, and he made friends. He is working this summer with the Job Corps, and may be in the EMR work-training program this fall.

David

Birthdate: 4/12/49 10th grade Admitted 9/65
5 periods per week

Referral: Technoma

Family: He is the second of two children, the older one being mentally retarded. He is afraid he may be retarded, too. David has been hospitalized twice. The father is employed as a maintenance supervisor, but is ill.

| | | | |
|---------------|-------|-------|-----|
| <u>Tests:</u> | 7/64 | WISC | 95 |
| | 10/64 | Otis | 108 |
| | 7/64 | Binet | 111 |
| | 1/65 | Binet | 116 |
| | 7/65 | Binet | 129 |
| | 2/66 | Binet | 112 |

| | WRAT | Reading | Arithmetic |
|-------|------|---------|------------|
| 5/65 | | 12.4 | 11.8 |
| 12/65 | | 13.6 | 10.6 |
| 6/66 | | 13.2 | 11.4 |

Psychiatric Evaluation: Schizoid personality with obsessive-compulsive features.

Teacher: When he entered the RR program, he was hallucinating, but still functioning in school. He was very dependent and the teacher provided him only with tutoring in algebra, believing that ego-support would have fostered the dependency. He failed algebra, but is taking it in summer school. He is more reality-oriented. Teacher feels he has made progress this year. He should continue in RR.

Philip

Birthdate: 11/27/48 10th grade Admitted 2/65
3 periods per week

Referral: Technoma

Family: He is the second of two children. Parents were divorced; mother remarried and was divorced again in 1959. Father remarried and is living nearby. Philip sees him occasionally. Philip attempted suicide twice and was hospitalized.

| | | | |
|---------------|------|-------|-----|
| <u>Tests:</u> | 4/64 | Binet | 102 |
| | 5/65 | Binet | 97 |
| | 1/66 | Binet | 109 |

| | | | |
|-------|------|---------|------------|
| | WRAT | Reading | Arithmetic |
| 11/64 | | 7.4 | 5.4 |
| 6/65 | | 7.3 | 5.6 |
| 1/66 | | 8.5 | 8.3 |

Psychiatric Evaluation: Schizoid personality with depressive-paranoid features.

Psychological Evaluation: Isolated and mistrustful. Great hostility, rigid defenses.

Teacher: Philip has average ability, but is afraid of school. He is outwardly negative and has many fears about his masculinity. He was hard to reach, but he has made progress. He is more sure of himself, but still fearful. He was accepted in the choir and is dating. Main pressures are from academic work. He should be continued in RR.

Larry

Birthdate: 8/22/48 10th grade Admitted 11/65
3 periods per week

Referral: School psychologist and teacher

Reason for Referral: Withdrawn in class in comparison to previous behavior patterns. Antagonistic when offered help; refusing to associate with twin brother; getting in minor fights with teachers and fellow students; unable to participate in gym class.

Family: Undue pressure for perfection, both social and academic, placed on him by the mother. Father's attitude not known. Larry competes academically with his twin brother who is a year ahead of him. He also identifies with the brother, who is known to Juvenile Court.

Tests: None available, except Otis 10/63 89

Psychiatric and Psychological Evaluations: Not available

Teacher: Larry is very constricted. His defense was that he was unable to read, which was the reason for his school failure. RR teacher began to administer a six-week series of reading tests which demonstrated that he could read, but Larry voluntarily discontinued the tests after three weeks. RR teacher began academic tutoring and supervising homework while providing ego support. There was no direct counseling. His relationship with his brother improved; he would laugh and speak to others in the halls. He should be continued in the RR.

Sally

Birthdate: 3/6/50 9th Grade Admitted 3/66
5 periods per week

Referral: Parent. Sally was transferred from one high school to another high school, but was unable to maintain herself there. The family moved back to Oakland, entered her in the RR program and applied for help from the Child Guidance Clinic.

Tests: 10/63 Otis 96
12/64 WISC 101

Psychiatric Evaluation: Depressive reaction in adolescence in an inhibited girl. Currently she is not functioning at a schizophrenic level, though she is probably somewhat schizoid. Dependent-aggressive. She sees herself as frightened, angry, and alone.

Psychological Evaluation: Average learning ability. She has a history of "nerves" and migraine; evidences tension in nervous facial and hand mannerisms. Handles conflict with repression and withdrawal.

Projectives indicate turbulence and disorganization. Neither father nor mother appears to offer support. Too quiet, too tense, immaculate appearance. Truancy is symptom of emotional problems.

Teacher: Sally could not remain in a regular academic schedule. She was like a five-year old socially and could not talk to teachers. She would not remain in school for a conference, if it interfered with meeting her peer friends. She wept easily. Parents are both practical nurses,

work different shifts, and cannot give her proper supervision. Sally is afraid of school and is too attached to her mother. She will either return to school and be continued in RR with both tutoring and counseling, or she will find a job.

Jack

Birthdate: 3/16/49 11th grade Admitted 5/65

Referral: Home and school visitor. Attempted to drop out of school. Depressive reaction to school functioning. Discrepancy between intelligence and achievement. Contact with him was maintained through the homeroom teacher, with whom he had developed a good relationship.

| | | | |
|---------------|-------|------|-----|
| <u>Tests:</u> | 10/62 | Otis | 123 |
| | 2/66 | Otis | 126 |

Psychiatric and Psychological Evaluation: Not available

Family: Father not with the family. Mother is believed to be alcoholic, probably on public assistance. Jack and his older sister are both known to Juvenile Court for neglect and have been in foster homes. Sister just graduated.

Teacher: He should continue to be watched, and given supplementary help in history, geometry, and English. His appearance was very poor, dirty, uncared for. There is a long history of emotional disturbance.

Mary

Birthdate: 12/20/50 9th grade Admitted 5/65
3 periods per week

Referral: Home and school visitor. For excessive truancy, suspected of having an emotional base. At the time of referral, Mary and her sister were being prosecuted for excessive school absence. It was felt that she needed constant support and help in separating her from gang activities.

Family: Father is not with the family, believed to be an alcoholic. There is a foster father in the home who accompanies the children to school or court. Mary is the third of four children. She needs her mother's approval. The mother's attitude towards her is not known.

Tests: Not available

Psychiatric and Psychological Evaluations: Not available

Teacher: Mary is the child referred to in the body of the report. She used the RR for personal support rather than for academic work. She came on a voluntary basis and used her study period to study or just to talk. She participated in group discussions with two other girls in the RR. She may continue in this way next year.

Vera

Birthdate: 7/14/48 11th grade Admitted 4/65
3 periods per week

Referral: English teacher, home and school visitor, and vice-principal. For erratic behavior in school and community, extreme temper outbursts, and fighting. Teacher's referral was based on the desire to keep Vera functioning in school because of her good response to success in academic work.

Family: She is the oldest of four children, loved by both parents. The mother becomes exasperated by Vera's infantile demands for attention. Vera speaks of her father as refusing to let her "be a girl," making her wear jeans, throwing her dolls away when she was younger, etc. Father voices concern over her "boyish" ways, wishes she would be more like her mother. Both parents have been cooperative in any efforts to help.

Tests: Not available. However, she was seen at the psychiatric clinic at Children's Hospital in 1960. Report then was: hysterical reaction in an adolescent girl, with evidence of mild organic brain difficulty.

Teacher: Vera is described as acting out, hyperactive, given to outbursts. Threw stones at cars. Blew up and threw books in Algebra class. Used the RR to avoid outbursts. Has made an effort to control her behavior. There has been some improvement, mostly through counseling. She should continue in RR.

Ben

Birthdate: 3/14/50 10th grade Admitted 1/66
5 periods per week

Referral: Technoma

Family: Ben is the first of three children. Mother has a history of breakdowns. Father is employed in advertising.

| | | | |
|---------------|------|-------|-----|
| <u>Tests:</u> | 2/65 | W-B | 125 |
| | 6/65 | Binet | 146 |
| | 6/66 | Binet | 139 |

Psychiatric Evaluation: Schizoid personality with increasing trends of disorganization, ego functioning, impulsivity and depression.

Psychological Evaluation: Very disturbed. Superior ability. Difficulty in perceiving reality. Very hostile, almost paranoid.

Teacher: Ben had been excluded from school for acting out. He is highly intelligent and well read, which he uses as his greatest defense. He uses this when he is anxious. He competes with his teachers and once managed to embarrass his regular teacher when the supervisor was present. He has calmed down and made some friends. He received enough ego support in the RR to recognize his intelligence and to use it properly. He is returning to his home school for summer classes and will remain there in the fall.

Tony

Birthdate: 2/17/48

Referral: Technoma

Family: Father is dying of cancer. Tony's older brother, his father's favorite, was killed in a motorcycle accident in September 1965. He is the only child left and tried to take over his brother's role in the family. He became part of a gang, stealing auto parts, but was rejected by them. In February, his mother put him out of the house, but he would sneak into the basement to sleep. In March or April, the mother broke down and Tony withdrew from Technoma and Schenley. He worked part of the year in the auto shop where his brother used to work.

| <u>Tests:</u> | 1/65 | Binet WRAT | 89 Reading | Arithmetic |
|---------------|------|---------------|---------------|------------|
| | 3/65 | | 12.0 | 4.4 |
| | 7/65 | | 13.0 | 4.5 |
| | 4/66 | | 13.8 | 4.1 |

Psychiatric Evaluation: Incipient schizophrenia with accompanying anxiety. Entered Warren State Hospital 5/62 until 7/64. Psychoneurotic reaction, mixed type.

Teacher: He was referred to school in order to get some social experience. He has average intelligence, but has shown erratic behavior and may be brain-damaged. He is terrified of failing, and managed to pass with C and D grades. If he returns, it would be part time.

Randy

Birthdate: 9/23/49 11th special Admitted 1/66

Referral: Self. He came in to the RR with a Technoma student, who was his friend, to talk with the teacher about a second custody suit which was pending between his parents and his grandmother. He was very disturbed about it and elected to spend time daily in the RR.

Family: Randy is living with his mother and stepfather. He was a ward of the court from age two until the last custody hearing placed him with his parents. It is known that the grandmother, in her 80's, does not want him, although Randy cannot accept this. He was recommended for placement at George Junior Republic, but his parents managed to keep him and he is now getting along better with them.

Tests: 10/63 Otis 65

Psychiatric and Psychological Evaluations: Not available

Teacher: He used the RR first for counseling, then for academic tutoring. He reads at first or second grade level. He was able to get a half-time job and may not return to school.

Occasional Contact - Informal

Carl: was referred by the vice-principal for very disruptive behavior. RR teacher had frequent conferences with the regular teachers, the psychologist, and the counselor. She worked primarily through the home and school visitor, who had a good working relationship with the boy. He remained in school and finished the year.

Rudy: was a full-time RR student last year. He had severe family problems. He was cutting classes, was very withdrawn, and was underachieving in spite of superior intelligence. He believed he wanted to be a commercial artist and, with the help of the RR teacher, was transferred to a vocational school to study commercial art. In January, he requested a return to Schenley because he had discovered that he did not want to follow that course. The psychologist worked with the mother to give support to her and to help the parents reduce the pressure on Rudy. He finished his year of academic work.

Laurie: was a self-referral, known to counselors. She was living in the Home for Crippled Children and was confined to a wheelchair. From a rural home, she was emotional, weepy, and generally unsure of herself. Her daily conferences with the RR teacher were carried on in the halls and were supportive in nature. She finished the school year successfully.

Myra: was referred by the psychologist through the family. She was an underachiever and would do no homework. She was cutting classes and using imaginary illnesses as an excuse to stay home. She had no social life. Her progress was followed through regular teachers, with occasional supportive meetings in the halls. She showed a great improvement in work and adjustment.

Beth: was referred by the psychologist. She had a long history of acting out and was referred to Schenley after being suspended from her school. She attended the RR sporadically and attached herself to two other class-cutters. She was referred to Juvenile Court for truancy, but she finished the year. The family is known to the home and school visitor.

Barry: was referred to the RR by the home and school visitor. He had a history of truancy beginning in the seventh grade. He was transferred from parochial to public school several times. He refused to go to school. The RR teacher characterized this boy as having school phobia. He was overly attached to the mother and maternal grandmother. He came to the RR the first and last period each day. The RR teacher tried to transfer the attachment, but it only lasted three months. Although he had high average intelligence, he dropped out of school. The home and school visitor worked for four months to try to get him to leave his room

at home and get psychological or psychiatric help. When last heard from, he was working.